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STATE EDUCATION OF NURSES.*

It is rather a difficult task to write a lengthy paper on the above subject as the whole system of the training of nurses in New Zealand could be told in a very few words. All the public hospitals are Government institutions and each hospital is managed by an hospital board. The four largest hospitals in New Zealand, at Auckland, Wellington, Christchurch and Dunedin, are training schools for nurses. No woman is allowed to enter the hospital until she is 23 years of age, then she has to serve for three months to find out whether she is fitted for a nurse. If she passes this preliminary test she is accepted as a probationer. The term of training consists of three years; if a probationer is successful in passing her first and second year examinations, she can go up for her final examination at the end of the third year. The training all through is very thorough, both in the medical and surgical departments. The majority of nurses when their training is finished remain on the staff of the hospital often for years and when a vacancy occurs for a charge sister of a ward, they fill that position.

Within the last few years the New Zealand Government, for the greater protection of the public, have inaugurated a system of state registration. When a nurse has obtained her hospital certificate of training, she can then sit for the state examination and if successful her name is entered on the Government register and she has a registration badge. Anyone can find out whether a nurse is trained or not by applying to the Inspector-General of Hospitals, who is continually inspecting the public and private hospitals.

The midwifery branch is not included in a general hospital training. Within the last year or two the Government have established training schools called "St. Helen's Maternity Hospitals," for this branch of nursing. General trained nurses are allowed to go through this course in six months, when they can go up for examination, but untrained women have to remain twelve months. This branch of nursing has been on a very unsatisfactory footing in New Zealand till the St. Helen's Hospitals were opened. It has been in the hands of incompetent women, but now that young women are receiving a proper hospital training, the old class will gradually be pushed out. During last year, 1908, trained nurses' associations were formed in all the four centres, for the protection of the nurses and the public generally. So many untrained women have been nursing and defrauding the public and pretending to be trained, that it was time the nurses formed a union. These associations will only admit nurses who can show their certificate of training from a recognized training school and in time the doctors and the public will not engage any but nurses who are members of these trained nurses' associations. The

* Read at the International Congress of Women Workers, Health Section, Toronto, June, 1909.

association works in the interests of the nurses in regulating the fees, hours of duty and providing for their recreation.

I hope that this paper will give you some idea of our system of state education of nurses and how essential it is that the doctors and the public should be able to rely on having properly trained nurses.

ETHEL ENSOM.

Christchurch, New Zealand.

NURSING OF THE SICK.*

The first school for teaching the proper nursing of the sick in Sweden was founded in 1851, being Diakonissanstalten (The Deaconess' Home), which since 1864 has been at Ersta, on the southern heights of Stockholm. The chief aim of this institution is to train young women for parish work and visiting among the poor, and the sisters are employed at children's homes, asylums, creches, and almshouses, one at a central prison, and various other similar fields for their activity.

The time devoted to learning their duties is four years, and there are courses in housekeeping, cooking, sewing, a twelve to eighteen months course in tending the sick, besides work in all the various branches of activity carried on at the institute. At the jubilee that occurred in 1901, there were 245 deaconesses at their command, now there are 296.

In order to gain admission to the Deaconess' Home it is necessary that the applicant should wish to serve the poor and sick for the Lord's sake, should be a Protestant, have a medical certificate as to good health, and should be between 20 and 30 years of age.

On the same principles as Diakonissanstalten in Stockholm does Samariterhemmet (The Samaritan Home) carry on work at Upsala. It trains not only so-called parish sisters during an eighteen months course in the care of the sick and poor, who when the course is at an end no longer remain in the home but begin work of their own choice, but also deaconesses, who after training for from three to four years belong to the Samaritan Sisters, concerning whose work it lies with the Home to decide its scope. The conditions for obtaining admission as a pupil are: First and foremost to feel an inward longing to serve the Lord among the poor and miserable fellow beings, to belong to the Evangelical Lutheran religion, to possess good health, and be from 20 to 30 years of age.

The Svenska Foreningen Roda Korset (Swedish Red Cross Sisterhood) a branch of the international association for voluntary sick-nursing in time of war, was founded in 1864, and in 1866 the first probationers were received in order to pass through a six months course in sick-nursing at Upsala Akademiska Sjukhus (University Hospital). Since 1891 the Sisterhood has had a home of its own for their nurses, which since 1900 has been combined with a nursing home. The course for the probationers at the Red Cross is a year and a half, the pupil being bound to work in private nursing on behalf of the

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home for two years after her own course is at an end. The number of sisters at present at Roda Korsets Sjukskoterskehem (The Red Cross Sisters' Home) is 44. The number of nurses available at call and belonging to the Sisterhood is 466, of whom the greater part are going through various courses and are bound to obey the summons of the Sisterhood should war become imminent.

In order to gain admission as a pupil at Roda Korset the demands made are that the candidate must be a Protestant, be in good health, have a good and affable disposition, have received education at school corresponding to the V or VI form in the elementary schools, and to be between 21 and 30 years of age.

Sophiahemmets (The Sophia Home) school for the training of sick-nurses was opened in Stockholm in 1884, and the following year a nursing home was founded in connection therewith, while in 1889 the present Sophia Nursing Home was opened. The pupils are trained not only at the nursing home but also at a couple of large hospitals where the Sophia Sisters are employed. The training course lasts for three years and embraces besides ordinary sick-nursing, the care of fever patients, a course at the lying-in hospital, and for a few who appear suitable for the purpose, a course at the lunatic asylum. The nurses of the Sophia Home, like the deaconesses, form a sisterhood. After finishing their course belonging to this, they receive their pay and are sent out, being moved to either private or hospital cases from it. They also receive support from it in their old age. The number of nurses in the sisterhood is about 100.

In order to gain admission as a pupil it is necessary to have a decided taste for sick-nursing, this liking to be based on the fear of God, to belong to a Protestant faith, to be unmarried or a widow, to be in normal health, possess the education obtained at elementary schools, and be between 21 and 35 years of age.

In 1901, Sodra Sveriges Sjukskoterskehem (Home for the Nurses of Southern Sweden) was started, where the pupils pass a two years training course, which includes training at the fever hospital and at the lying-in hospital, as also at a lunatic asylum. The pupil is bound to remain for a twelve-month over and above this time in order to serve the interests of the home. The number of nurses is at present 43. Moreover, on the books of the home registry there are 30 nurses available for private care of the sick.

The conditions of admission as a pupil are: Being in good health and possessing a serious desire for the calling of a sick-nurse, having received scholastic instruction corresponding (at least) to the tuition imparted in the course of the VI. class of an elementary grammar school, and to be between 20 and 30 years of age.

An association of sick-nurses that does not train their own pupils is Fredrika Bremerforbundets Sjukskoterskebyra (Fredrika Bremer Nurses' Office) in Stockholm, opened in 1902, which supplies trained nurses for private homes and procures permanent employment for the nurses of the sick. It accepts nurses of good character that have passed a year and a half's course at any more important training establishment. Since 1906 this office

has had a nurses' home of its own. In December, 1907, the Nurses' Office that had been working on the same lines in Gothenborg since 1903, joined forces with the Fredrika Bremerforbundet, since which time the two offices have the same rules and a similar dress for the nurses belonging thereto. The number of trained nurses entered on the books in Stockholm is about 200, while in Gothenborg the number is 120.

At two of the largest hospitals, Sabbatsberg Sjukhus in Stockholm and Allmanna och Sahlgrenska Sjukhuset (Sahlgren's Public Infirmary) at Gothenborg, courses are arranged for the training of nurses, at the former lasting for a twelvemonth, at the latter a year and a half. The conditions for admission as a pupil are: Age 21 to 35 years, proof of good health, a good education (secondary school course or corresponding knowledge), and good conduct. Proof of having satisfactorily served at some hospital gives the applicant a certain degree of precedence.

Training schools for nurses are moreover to be found at Akademiska Sjukhuset at Upsala (University Hospital), and at most of the larger county hospitals or Lanslasarett. As, however, the time for this training varies from six to several months more, and the demands made on they who attend these courses are, as a rule, far less stringent than those previously mentioned, they are to be considered more as preliminary than as training courses that are quite up to the mark. The courses of the country hospitals are chiefly arranged for training nurses for the care of the sick in the country.

In 1894 some parishes appointed district nurses, and these are now to be found in most communities, being paid by the Commissioners of Supply, and chiefly intended to be of use in cases of epidemic disease, as also for carrying out disinfection. In these cases their assistance is given free of charge. There are 342 so-called district nurses in Sweden, 272 on duty in the country communities, and 70 in some of the smaller towns.

In the Wesleyan Church there is a society for the care of the sick called the Bethania, which supplies nurses chiefly for private patients, these nurses being trained at the Bethania Krankenhaus in Hamburg. There are five of these nurses in Stockholm, six in Gothenborg, and six pupils are at present training in Hamburg. The time devoted to this training is eighteen months, besides a probationary period of three months. Age for admission as a pupil is from 20 to 25; elementary education desirable but not a sine quâ non.

The Roman Catholic Elizabeth Sisters since 1875 have undertaken the nursing of private patients both in Stockholm and Gothenborg. At present there are 30 of these sisters in Stockholm, though but 14 are engaged in nursing the sick. They receive their training in Breslau, which lasts from two to three years. They work without making any definite demand scale of payment.

The County Infirmaries and similar large hospitals altogether amount to 76, the number of beds being 8,187. At these institutions for the tending of the sick there are 252 trained nurses appointed, the rest of the attendants on the patients being either nurses with more limited training, or ward maids.

At 13 private nursing homes with a total number of 365 beds, 47 trained

nurses are at work, while at 9 children's hospitals with 517 patients there are 15 trained nurses, and of course probationers and ward maids.

At three large and one smaller sanatoria for consumptives there are 12 trained nurses.

At the Lepers' Asylum with 50 patients there is one trained nurse.

The tending of the sick at the 164 fever hospitals with their 3,557 beds is chiefly belonging to the Diakonissanstalten in Stockholm.

There are 71 cottage hospitals with a total of 971 beds, and 7 private cottage hospitals with 100 beds, and with but few exceptions the nurses engaged have had a shorter training than a twelvemonth.

In the infirmary at the numerous workhouses and poorhouses, embracing from three to four thousand beds, trained nurses will be found at the larger and untrained nurses at the smaller infirmaries.

Ten hospitals for incurables with altogether 561 beds, are mostly under the care of a trained nurse.

Some large and a few smaller hospitals for consumptives exist; moreover, at various large hospitals there are special sections for tuberculosis, the nurses being some trained and some untrained.

In large towns for tending the sick poor there are parish deaconesses, chiefly belonging to the Diakonissanstalten in Stockholm.

At Stockholm Hospital (Asylum for the Insane) for many years there has been a course in the tending of the insane for nurses who have previously received training in ordinary nursing of the sick. The nurses who pass this course work in various departments for the insane.

At the lying-in hospitals trained nurses are engaged in tending the patients. Many nurses also pass the examination necessary for becoming a qualified midwife.

For voluntary nursing of the sick in time of war within the Swedish "Red Cross" there is Drottning Sophias Forening (Queen Sophia's Union) for the support of the nursing of the army and navy, formed in 1900. Thanks to this union, since 1905, trained nurses have been sent to the military hospitals at the camps. At most of the hospitals of the army, sisters from the Red Cross are appointed as nurses.

For a couple of years now Stockholm has had her Information Bureau for Tuberculosis. A physician and a couple of trained nurses receive the patients, superintend the hygiene of the patient's home, and arrange about disinfection; moreover provisions, thanks to the Bureau, are distributed to the patients.

Another similar information bureau is being fitted up in Stockholm and will soon be ready for use. In Gothenborg and a couple of other towns there are similar bureaus.

A vast work has been accomplished in combating tuberculosis in Sweden by National Forening mot Tuberkulos (National League for Combating Tuberculosis) which has exercised a surprising vigilance, distributing grants to both physicians and nurses for the purpose of studying tuberculosis, fitting up children's homes and hospitals, and spreading the knowledge of this terrible disease.

By voluntary contributions an institution has been founded in the neighborhood of Hedemora, called Kronprinsessan Margaretas Vardanstalt (Princess Margaret's Home) which is designed to receive, tend and educate tuberculous children from Stockholm. The institution, which will be opened this coming summer, will accommodate 70 children. The matron is a trained nurse; furthermore there are two trained nurses appointed, and a governess for the children's schooling.

Since 1896 the nurses have had a pension fund of their own, viz: Svenska Sjukskoterskornas Allmanna Pensions-forening, and since 1905 Sjukskoterskornas Sjukhjelpsforening (The Nurses' Sick Relief Fund), intended to give relief or assistance in cases of illness of short duration.

In 1909 the first nurse's periodical was published, "Svensk Sjukskotersketidning" (The Swedish Nurses' Journal) being issued once a month and being favored with intense interest on the part of the nurses. The editress is a trained nurse.

A journal for the voluntary tending of the sick in time of war began to appear in 1909, edited by an army surgeon.

The lack of cohesion between the various nursing institutions has caused a wish to be expressed for a Nurses' League, so as to bring about more combined work. This league, it has been suggested, should consist of nurses belonging to those organizations that already exist (in such a way that their relations to the respective institutions are not disturbed), and moreover, of all sick-nurses who have passed through at least an eighteen months course at one of the more important training establishments, and subsequently nursed at a hospital or in private practice for another year and a half. A proposal has been made for the rules and regulations of such a league, and as the plan is attracting eager attention among nurses, it will perhaps not be so very long before it can be carried into effect.

ESTRID RODHE.

Stockholm.

PERSONAL HYGIENE.*

Hygeia, the Goddess of Health, was one of the deities worshipped by the Greeks, and they represented her as a beautiful young maiden, fully draped, and carrying with her a snake, which was a symbol of the perpetual renewing of youth of those who worshipped at her shrine. To bring this allegory home to us of this generation, we shall find that those who learn the laws of health and apply them in their every-day life do not seem to grow old. The light in their eyes, the spring in their step, the wholesomeness which emanates from them, mark them out as the seeming owners of perpetual youth.

The Greeks believed that Hygeia was the daughter of Aesculapius, the god of the healing art. She did many errands for her father; swept and cleansed the homes of the poor people, taught them how to live healthily, and so Aesculapius was saved many a journey to patients whose illnesses had been prevented by cleanliness and fresh air. And even so to-day, we find

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Hygiene, the daughter of Medicine, sitting at his right hand and helping him to prevent disease. There is no selfishness in hygiene; it is impossible to study and practise it without discovering that it means helping others to a higher and a cleaner life. When the passion for health spreads to the people, there will be such an upheaval of society that disease and uncleanliness will be swept out of the land. Think of the joy of keeping the doctor out, and when hygiene is known and rightly understood and applied, the only use of the doctor will be to attend to accidents.

Hygiene means progress, civilisation, and when we remember that Queen Elizabeth never used a handkerchief (because they had not been invented in her day), also that she did her hair once a month or once in three months, we must confess we have made rapid strides since then. But the amount to be done is still colossal, and the love of it must come from within. If each one of us had a high ideal of mental, moral and physical cleanliness, and not only an ideal, but a real desire to bring it down into our every-day life, the world would be a brighter and pleasanter place to live in.

The constitution of a person is an important factor in resisting disease. It is in part acquired and in part inherited. A strong constitution may become feeble by unhygienic environment, such as living in impure air, or in overcrowded dwellings, or by the effects of dissipation. On the other hand, a feeble constitution may become strong by careful attention to the laws of health.

The part played by heredity in the constitution of the race is now a much debated question, but the wise tendency is to lay much stress on environment and on the improvement of many of our deplorable social conditions.

Still, we see the expression of the features and many tricks of hand and face inherited, and in the same way many mental qualities are inherited, and the weak points are liable to be passed on to the children. Therefore, for example, we should recommend the son of a gouty father to be abstemious in eating and drinking, and to avoid in particular the eating of much meat.

Some families acquire cancer, tubercle, skin diseases, rheumatic fever, even enteric fever and diphtheria, more readily than others. Again, insanity, epilepsy, asthma and hysteria seem to be hereditary, but they may alternate in different generations. The general concensus of opinion shows that it is the tendency to disease, and not any particular disease, which is transmitted, and therein lies the great hope for the race, because when any disease becomes manifest in a parent, it enables us to formulate rules for the guidance of the health of the child.

When actual disease is transmitted, which occurs rarely in tubercle, but often in syphilis, the actual infection takes place before birth from the parents. Weissmann believes that only those forces which influence the germ-plasm can be inherited, and among those forces one of the most potent is the constant imbibing of alcohol by one or both parents.

The temperament of a person very often has an influence in causing disease; for instance, a phlegmatic person is as a rule less liable to contract disease, while a neurotic individual falls an easy prey to any epidemic.

Idiosyncrasy is a "peculiarity limited to a comparatively small number

of people." Thus, only a few people are liable to hay-fever, but we all inhale the pollen of grasses which is so often the cause; the smell of hyacinths is pleasant to many, overpowering to some, while it made a famous physician of Bath invariably faint away.

Some articles of diet are poisonous to some; e.g., shell-fish, lobsters, etc., may cause severe nettle-rash, and ptomaine-poisoning affects some people more acutely than others.

Some drugs exercise the direct opposite effect to that intended on a few individuals. Opium, which we all know is a sedative, may cause convulsions in rare cases, and constipation may be the result of Epsom Salts.

Then there are mental idiosyncrasies—strange aversions or preferences for certain objects. We need only instance Lord Roberts' well known aversion to cats, which he cannot tolerate in the room in which he is.

By paying attention to our individual peculiarities, much ill-health may be avoided.

Age and sex play an important role in the diseases to which we are prone. In infancy and old age, extreme changes of temperature are dangerous, and greater care and protection are needed.

Infant mortality is mainly a question of feeding and thousands of deaths are caused by giving starchy foods instead of milk, and, of course, preferably the mother's milk.

In childhood, the food must be carefully regulated, otherwise rickets, due to malnutrition, may appear even in the houses of the rich. We have now also the frequent occurrence of infectious diseases, and the illnesses caused by dentition.

Youth is the period of rapid growth and the food must be good and abundant; young people need much more food than adults to build up the growing tissues.

Manhood or womanhood is the time when health is most equable and stable, but much depends on the previous life of each individual. Old age is the period of degenerative diseases; bronchitis, apoplexy and kidney disease carry off many victims.

It is an interesting fact that the mortality of man is greater than that of woman, except from 5 to 20 years, thus illustrating Darwin's great doctrine of the "survival of the fittest."

We must always remember that the laws of health are inexorable, and what we sow, we mostly will reap. On this account, we ought to form careful habits of eating and drinking; our meals ought to be regular and of simple, well-cooked food and moderate in quantity. Over-eating is quite as much a cause of disease as under-eating, and hasty eating of food and imperfect mastication is much to be deprecated. The craving for stimulants is generally a sign of disease of the nervous system; the daily amount of alcohol has to be constantly increased to produce the desired result, and the corresponding depression is inevitable. We are all better and healthier without alcohol in any form.

It is most important to pay particular attention to having an action of the bowels at a particular time each day, otherwise a form of blood-poisoning,

indigestion, headache, etc., may result. Powerful purgatives must be avoided but fruit, brown bread, etc., must be added to the diet and a sufficiency of liquid taken—at least one quart daily, and more walking exercise must be taken every day.

And this brings us to the proper amount of exercise we ought to take every day. The involuntary muscles go on regularly, day and night; digestion is the exercise of the stomach, respiration of the lungs, and thinking of the brain.

Going up-hill is a valuable exercise in heart disease. The ideal condition occurs when neither muscular nor mental exercise is neglected.

By healthy exercise, the nutrition of the muscles is improved and the action of the lungs is increased. If the amount of air breathed in when we are lying down be taken as 1, then, when erect, we inspire 1.33; when walking one mile per hour, 1.9; at four miles per hour, 5; when riding, 4.05; when swimming, 4.33. At the same time, the amount of carbonic acid gas and other impurities which we expire is increased. The taking of alcohol diminishes the output of carbonic acid, and so is avoided by those undergoing muscular training.

By muscular exercise, the lungs are increased in size, and the measurements of the chest also increase. Deep breathing is an especially good exercise for increasing the vital capacity of the lungs.

By exercise, the action of the skin is also improved, and, as a rule, sensible perspiration occurs. If perspiration is induced, the bodily temperature is not increased. Chilblains, which are caused by defective circulation, can generally be cured by active exercise, warmer clothing and an abundant supply of good food.

Exercise increases the heart's action. The pulse goes from ten to thirty beats per minute quicker; after prolonged muscular exercise, care must be taken, as the temperature may fall below the normal.

The digestion and assimilation of food is aided by exercise, and the nervous system is improved in power. A certain amount of exercise is essential for a healthy mind. With sufficient exercise, both more nitrogenous and non-nitrogenous food is required.

When excessive exercise is taken, sarcolactic acid accumulates in the muscles and rest is enforced. Writer's palsy may be cited as an example of excessive exercise of a particular group of muscles. Students must be warned not to undertake a too strenuous walking-tour in their vacation. Occasionally, if not carefully trained, hypertrophy or dilatation of the heart may occur in the Oxford or Cambridge crews.

When the amount of exercise taken is deficient, the muscles waste, as for instance, when a leg is kept in a splint; we suffer from cold extremities, the heart and digestion are enfeebled. The nervous system is affected and irritability and sleeplessness occur. Many deformities, such as stooping, may be acquired by using only one set of muscles. Lateral curvature in girls is greatly favored by the fact that they wear corsets, and the trunk muscles cannot be exercised.

Rest and Sleep.

The heart rests six-elevenths of a second after each contraction, and so it rests thirteen hours out of the twenty-four. The lungs also have a period of rest, amounting to about three hours per day.

Partial rest is a change of occupation, and our muscles require less rest than our brains.

Sleep is general and complete rest; our muscles sleep first, then the eyes close and the thoughts wander; hearing is the last sense to go, dreaming succeeds and even dreaming may cease if the brain repose is complete. But all the time, the heart and lungs continue their work.

The amount of sleep required varies with different individuals, but habitual deficiency leads to wretchedness and prostration with great restlessness. Habitual excess of sleep renders the brain less active, impressions are received less actively, and the power of will is correspondingly diminished.

The amount required varies with—

(1) Age. An infant ought to sleep the greater part of its life. A child over two or three years needs sleep only during the night. In advanced age, there is a return to infantile habits.

(2) Sex. Women, as a rule, require less sleep than men; they ought to learn the man's habit of taking short snatches of sleep.

(3) Temperament. The cold, phlegmatic people require more sleep than sanguine or nervous ones, but the latter sleep more deeply. Frederick the Great, John Hunter and Napoleon required only five hours sleep, but Napoleon could always take short naps at a few moments' notice.

(4) The sick and convalescent require more sleep than the healthy.

(5) Mental work requires more sleep than physical.

(6) It is important to sleep in pure air, so the window of the bedroom ought to be always open, summer and winter.

When sleeplessness occurs, no mental work should be undertaken in the evening, but a short walk before going to bed is often beneficial. No late suppers must be taken, and narcotics of all kinds ought never to be begun. The deadly habit increases, until all will-power is lost.

The most absolute personal cleanliness is essential for the maintenance of perfect health. We must remember that two sets of glands open by tubes on the surface of the skin, the sweat or sudoriparous and the sebaceous or fatty glands which keep it supple. To keep their functions active, frequent washing is essential.

Uncleanliness causes—

(1) Obstruction of the sudoriparous tubes, and this interferes with the elimination of the waste products of the body by means of the perspiration. Too much work is thus thrown on the kidneys and lungs and these organs rise up in revolt.

(2) Obstruction of the sebaceous tubes causes an accumulation of oily secretion in the ducts, and the unlovely disease called acne is the result.

(3) An accumulation of the scales of the epidermis takes place and the skin becomes scurfy.

(4) The sensibility of the skin becomes deadened, when the sensory papillae become covered with dirt.

(5) The tendency to chill is increased, because of the obstruction to the openings of the sweat glands.

Much soap and water and a good deal of friction are required. Hot baths are the most efficient for cleansing purposes, and ought to be taken at least three times a week. We are fast losing our time-worn prejudice about the weakening effect of hot baths.

The daily morning cold tub ought to be taken rapidly; the body ought to be well soaped first, and then a quick plunge into the cold water with good sponging. On leaving the cold bath, a quick reaction and delicious glow is obtained. Cold baths increase the tone of the skin, and render the body less liable to chill.

Personal cleanliness requires also daily attention to the hair, nails and mouth.

The hair ought to be carefully brushed and combed at least twice daily, and washed once a fortnight. The nails should be kept clean, because they may convey germs very easily from one locality to another.

The mouth should be kept scrupulously clean, and all decayed teeth at once attended to and filled. They must be brushed at least twice a day and preferably after each meal. The milk-teeth in children ought to be stopped, if decayed, so as to ensure a healthy and well-shaped second set.

It is essential to keep one's wearing apparel clean and well-brushed. Under-clothing must be frequently changed, and it is well to have washing dresses when possible, and when not possible, to have one's outer garments frequently aired.

The bedclothes ought to be changed frequently and the fewer bed-hangings the better. The old-fashioned vallances are practically a thing of the past, and curtains are fast following in their wake.

The house ought to be kept clean and free from dusty corners, where germs grow. Plenty of sunshine and fresh air in a house are indispensable.

One uncleanly habit need only be referred to, to be condemned utterly—expectoration in the street, the tram, the train, or anywhere. It rapidly dries and is carried by the winds to all corners of the town, carrying often disease in its train.

In conclusion, I would remind you that perfect cleanliness carried out in all its details (clean food, clean milk, clean bodies, clean houses, clean everything) means perfect health.

M. C. MURDOCH.

Hull.

AN ADDRESS*

Your Honor, Mr. Chairman, Ladies and Gentlemen,—For fifteen years I have been attending these graduating ceremonies, and one feature of them always seems to me to be especially prominent, namely, that it is on these

* To the Graduating Class of 1909 of the Toronto General Hospital Training School for Nurses, by Kennedy C. McIlwraith, M.B., Chief of Obstetric Service.

occasions only, once in each year, that the hospital people and the general public meet on a common basis. This hospital is a huge institution and in a business way meets with the public at many points, yet within its walls there is no time nor place for any save those whose misfortunes bring them here, or whose business it is to tend the sick in some capacity. This is an unfortunate state of affairs which gives rise at times to a certain lack of appreciation of the public's point of view on the part of nurses and at times to undue exaltation or depreciation of nurses on the part of the public. Perhaps, therefore, one might profitably spend a few moments in endeavoring to explain to you something of the nature of a nurse's life in the hospital. Of her trials, constant, searching, outspoken criticism is one—criticism of her letter of application, of her clothes, of her voice, carriage, manners, appearance, work and ways. You young ladies whom I see here, prospective nurses some of you, I hope, are no doubt criticized; but you seldom hear it. Your Honor, if these young women do not "see theirsels as ithers see them," they must be blind indeed. In this critical atmosphere they have lived for three years, and now, having passed the final criticism of examination, they come before you for well-deserved honors.

I remember coming over here accidentally one quiet evening a year or two ago, to find the whole emergency staff of the hospital called out. A train had run into a street car on Queen Street, and in a few moments the halls were filled with weeping relatives and the operating rooms with groaning patients, whilst among them moved these young women quietly doing their work of mercy. Such is one phase of their life. They "dwell in the midst of alarms," such as might make even an Alexander Selkirk long for his desert island and peace again. Often they have to face dangers and sometimes even death, in the performance of their duty.

But human nature rises to emergencies, and death and danger are not so hard to meet as the constant daily drudgery, often of a most uninviting kind, and over, apparently, most unworthy objects. How can they do it? How can they live such lives? The daily habit and the stream of tendency around them could not carry them through. Beneath the surface, deep in their natures must be a spirit;

"It is the generous spirit, who when brought
Among the tasks of real life hath wrought
Upon the plan which pleased his boyish thought;
Whose high endeavors are an inward light
That makes the path before him always bright;
Who with a natural instinct to discern what knowledge can perform
Is diligent to learn.

. . . . . .

"Who doomed to go in company with pain
And fear and bloodshed, miserable train,
Turns his necessity to glorious gain:
By objects which might force the soul to abate
Her feeling, rendered more compassionate."

It is not easy to express old truths in new ways. Had Wordsworth

written for this occasion he could not have described the sustaining force more accurately, excepting in the word "doomed." These young women are not doomed to this life, they have chosen it.

Now I should like to say a word or two more particularly to you young women who are leaving us to-day. I should like to urge upon you two virtues in particular—loyalty and truth.

If you follow the example of your predecessors, many of you will go to other lands, and more particularly to the great republic to the south of us, and, as your predecessors, be successful. I am afraid that some of our graduates who make more money there and live amongst a wealthier people and greater comforts and conveniences, have developed a tendency to sneer at the country and the life they have left. I bid you remember that it is the virility of the northern race from which you spring that makes you fit and that all the elements of success are born and bred in you here. Don't forget this. Be loyal to your country.

You will see many better hospitals than the one you are leaving—I hope before long you will see a better one in Toronto—but remember this, that marble walls do not make a hospital, and that while you may have a more varied experience in a larger centre of population you will see no better work of its kind anywhere than here. Be loyal to your hospital. Need I urge upon you that you be loyal to your school? Sometimes the harness rubs a little, not everything may have been to your taste—the environment not always congenial during your course. Remember that this is true of every walk in life. Shake off these things and fix your mind's eye on this fact, that this school, your school, bears a reputation second to none in the world; that her graduates have done her honor in all parts of the globe. Remember these things, then, and be loyal to your school.

A DAY WITH THE VISITING NURSE

For one long-to-be-remembered week in June, my "district" was the north, east, west and south of New York, also the Bronx! Of course I do not mean that I had the whole of New York to nurse, but that the work for that time took me into all parts of the city. The West Side and Lower East Side nurses were taking their "Regents" and I had to take care of their most serious cases. A substitute was obtained who cared for all those patients who did not need daily nursing care, but I did not envy her. My own district, the Upper East, while usually very heavy, was not specially interesting just then and I was glad of the chance to make the acquaintance of some of those patients who were the subjects of interesting conversation to all the nurses who had cared for them.

I was devoutly thankful that some one else should be forced to experiment with the foolish old gentleman who had and doubtless still has, chronic eczema and who certainly "enjoyed poor health" with all his might; and the mournful and not-to-be-understood Roumanian mother of the perfectly healthy child, which always had such interesting and alarming symptoms

whenever we did not visit him, and the bad tempered old gentleman, who threw everything within reach that was not too heavy to lift, at his family, because he did not dare to throw them at me! Now I had Eliza of the "crocodile tears," and the Eliza whose leg "was that bad they had to hold a consolation over it," and Anna of the cold fish cakes, and others more or less interesting.

The visiting nursing course was elective in my hospital and there were actually some nurses who did not care to take advantage of it. How any nurse who had the chance of studying human nature in the tenements and in the streets of the more or less "slummy" districts, could refuse, is beyond my understanding. There is never a dull moment even in the street cars and the fact that people recognize that one is a nurse, makes the chances of being interested and amused all the greater. For instance, I have been stopped in the street by a woman with a baby in her arms, who informed me which teeth her baby had achieved, and asked me which would come next! I gasped and then plunged boldly. "The bi-cuspids I should think," and she went on her way completely satisfied! And another day while resting in the park, two women came and sat down beside me. One said, "I went up to see Uncle Mike in Mount Sinai Hospital yesterday. He's awful sick." "You don't say! Why, what's the matter?" "He had his leg cut off," very impressively with an eye on me for effect. "Oh, oh! Whatever was the matter?" "Well, you see, he had his leg crushed, and then he got 'kangerine' in it!" This last said triumphantly.

Only once was I mistaken for anything but the "noice" and with apologies to the medical sisterhood, I will relate the little story. One day as I came down the steps of a tenement on Avenue A., a small boy in the usual swarm of youngsters shouted at the top of his lusty young lungs, "Gee! there must be somebody dead in there, the lady doctor's coming out."

But to return to the daily visits. Eliza of the ever-ready tears lived in West Sixth Street up four flights of dark and fearsome stairs, in three tiny but clean and neat rooms. Eliza, while mistress of the three, never stepped outside of the front room, which was bed-room, sick-room and sitting-room combined. There was a worn carpet on the floor and curtains at the window and many relics of more prosperous days, scattered about the room. In the corner farthest from the window was Eliza's bed, placed as far as possible from the fresh air which was the only medicine that could help her. She was a worn, middle-aged woman with a chronic wheeze and groan and the nimblest and most insincere tongue imaginable. Every new nurse was warned of Eliza's eccentricities as regarded the changing of nurses. It was always the same performance, never varied except in intensity or volubility. The new nurse goes into Eliza's room with a cheerful greeting. A handkerchief pressed against dry eyes and a few wheezes and groans is the encouraging reply. After a moment a resigned voice from behind the handkerchief: "And what may your name be?" Then Eliza takes a look and continues: "Well, it's the bonnie face ye have and that's a fact, and goodness itself is shining out of your lovely eyes and it's kind ye'll be to me I know, bless your sweet heart, but oh! me darling Miss O," or whoever the ex-nurse may

be. Then the tears come in earnest, streams of them and wailing sore! "How can I live without ye? Oh, I know ye'll do yer best and I daresay I'll get to like ye well enough, but no one can take the place of my dear darling Miss A! Ochone—o!"

At the time it does not encourage one much to remind oneself that she has acted precisely the same way a dozen times before. It seems impossible that she could have grieved so every time and one wonders perhaps how Miss A, who seems most unfeeling and cold, could have won such a place in this poor woman's affections, and it seems unbelievable that the same scene will be re-enacted when it comes time for your successor! But so it is. The mood of sorrow lasts with gradually lessening intensity for several days and then Miss A. is forgotten and the sun rises and sets on the one in charge! My appearance upset Eliza's scheme sadly. She adored the West Side nurse whose place I had taken, and apparently learned to tolerate me, but for once she could not work up a scene, for when I left, a familiar and well-loved nurse came back!

Our daily duty towards Eliza was to make her bed, tidy her room, wash her and rub her and provide her with all that could add to her comfort until the next day. Twice a week we turned the mattress and whenever possible changed the sheets, but Eliza did not believe in frequent washings of clothes, so it was only every two or three weeks that we could persuade her to let us have clean linen. On mattress-turning days we helped Eliza over to a chair in the window, where she wheezed and groaned dismayingly, turning weird and unearthly colors, which lent wings to our hands and feet, for we never knew which wheeze might be her last. But through it all she had much to say, or rather gasp, about her neighbors across the street and gave us many injunctions anent watching out for her "little friends" whom she declared came out of the wall at night and disturbed her slumbers. None of us ever knew just what we should do if we did run across one, and my own belief is that she imagined them, for her rooms were as sweet and clean as the gentle-faced little sister of charity, who cooked and swept for her, could make them.

Except for the visits of the nurses and the sister and an occasional friend, she was alone all day, for her son worked early and late to keep his mother in her comfortable rooms. Though she was undoubtedly trying at times, yet she was a most pathetic figure, lying in her corner, her thin grey braids neatly tied up with black ribbon, the sign of mourning for her only daughter who had died of the same disease (pulmonary tuberculosis) some eight months previously, and with her once busy hands folded, waiting day by day for the end. No wonder she enjoyed in her own peculiar way the frequent change of nurses and refused vehemently when those in authority offered to let her have one nurse indefinitely.

The other Eliza, who lived in West 13th, was a dear, incoherent old soul with a "bad leg." It certainly was bad and had been for years and will be bad until the last trump shall sound for her, for she would go down the three flights of stairs many times a day to wheel her grandchild about in his "pram." We had managed to procure one very cheaply for the mother who

was so sinfully proud of her unusual and elegant possession that she could hardly be persuaded to attend to her household duties and allow grannie to enjoy the distinction of showing off the baby and the pram. But I doubt if either would have noticed if the baby had been missing! It makes me feel positively breathless to think of the many times a day poor old Eliza toiled up and down those stairs and it was small wonder that her leg remained one of our great discouragements. There was always a wait while grannie, mother, baby and "pram" were gathered in off the street for of course all had to assist in the nursing, which was the event of the day. Eliza used to apologize and bless me by turns and sometimes the apologies and blessings became so mixed up that the result sounded highly irreverent. Her pride in the "badness" of her leg was phenomenal and entirely justified. I did not wonder that the doctors had had to hold a "consolation" over it and I rather expected that they might have to hold one over me before I had finished with it. It was so dreadful that I had been told that nothing could hurt it and advised to try heroic measures, which I did with gratifying results, fortunately. When it really began to heal she was so grateful that it was pitiful. If all the blessings she invoked could only come and roost upon me I would be a most fortunate person, but they were so vague and wandering that I am afraid few of them reached the object she intended.

Eliza's son and daughter-in-law were not in the extreme of poverty for the son had a steady "job" and they were generally well able to pay the dollar a month towards the five dollars the carriage cost, and the house was usually neat and orderly, although the possession of the pram often tempted them to neglect their rooms, still they were so light and airy that they did not in the least prepare one for Anna's which were away over on East 10th.

Anna lived within a block of a pretty park, but it might as well have been a hundred miles away for all the fresh air she got. Imagine a narrow street built up solidly with shops and tenements, crowded, crammed up together and between two shops a slit called an alley, dark and filthy, running from the street to a loathsome court. In the centre of the court stands a small, tumble-down, two-storeyed house, the four sides of it facing the slovenly backs of the tenements all about it, all of them with the fire escapes full of rubbish and endless lines of clothes hung out to dry, and the court itself swarming with children and littered with rubbish. It may not always be in such a deplorable condition as when I saw it, for there was then a strike of the refuse carters and even the streets were in a shocking condition. The odor in the court was unspeakable and appeared to be held down and pressed in by the high buildings.

In a tiny room on the second floor of the little house lived Anna, as brave and cheerful a soul as ever lived. Day after day she lay at the window often suffering greatly, always cheerful, slowly dying of cancer, crippled also, both feet having been amputated after frost-bite—which reminds me of a story they tell about one of the nurses. This nurse went to see Anna the first day of her district nursing and when she was asked how she liked her, she exclaimed: "Oh, isn't she the dearest old soul? I tell you I made her comfortable. I bathed her from head to foot and you should have seen her feet;

they were—" Words failed her to express how unclean they were! Nor could she understand why her words were received with such rude laughter and unbelief. And when she was assured so that she could not doubt it that Anna had no feet, her face was a study.

Anna's front room looked upon a corner of the unlovely court and the back one had a similar enlivening outlook. In the hall was a cold water tap for the use of the whole house, but in spite of the great inconvenience, the old woman who shared Anna's rooms, kept the rooms clean and neat, no doubt incited thereto by Anna's lively tongue. Anna reminded me of nothing so much as a canary. Her hair was fluffy and yellow and her eyes bright and beady and she was always bright and chirpy and interested in everything. Some charitable person paid the rent and also the old woman who cared for her and she had five dollars a week of her own with which to buy food for herself and her companion, and besides that we all loved her and brought her the little dainties for which her soul craved.

Every Friday morning we brought a candy box to the breakfast table and bribed one of the maids to bring us all the superfluous fish cakes and these we "sneaked," as boys say, off the plates and into the box, and in due time delivered them to Anna, whose joy was beautiful to see. She wouldn't wait to have them warmed, not she! She ate them all up at once and in her fingers!

We nurses were allowed a certain amount of money for car-fare and were forbidden to carry any of our own or personally give any pecuniary assistance to the poor, but were allowed to spend what money was given by our well-to-do patients, for little luxuries and treats for our sickest and poorest patients so long as we kept a strict account. There appeared in the books many tins of pork and beans and such dainty articles of diet for Anna, but they were never questioned. But of course the fish cakes were a secret between Anna and ourselves.

She had a perfect passion for personal adornment and every morning we had to tie up her yellow locks with bright colored ribbon; the more brilliant the hue the better pleased she was. She had also a great love for disreputable-looking cats which used to appear from all sorts of odd and unsuspected corners and streak across the room in a way calculated to upset the stoutest nerves. But Anna loved them all.

Those three were daily visits and together with the daily visit to poor old Maria up in East 79th, filled up the entire morning. Maria's was the saddest case I ever had to care for and so hopeless that we were glad when the blessed end came for her. We had been notified of a case of sickness by a church worker and I was sent to investigate. I found the number on a basement door which opened on a long, damp hall, the foulness of which beggars description. It was a long time after I had knocked before I heard a shuffling footstep, and the door was opened by such a pitiful looking creature as I trust I may never see again. She was a little old woman literally in rags, dirty and with wildly untidy grey hair, matted and uncombed, and eyes glazed and almost sightless from weakness, and her skin of a horrible leaden hue. She had almost no pulse and was emaciated as though from starvation.

The room was orderly enough though cold and damp and the floor dark with dirt. I asked her where she slept and she led me to a cupboard behind this room, which was absolutely without light or air except what could be obtained from the front room. There was an unspeakable litter of old clothes and boxes and odds and ends of broken furniture and in the corner was flung a lump of feathers which might once have been a feather bed. This was her bed! In another cupboard, like it in every particular, her son slept. In this room were some pieces of a bedstead but he had not put it up. The back room in some ways was the worst and yet it proved to be the best. A little sunshine found its way in, though no air, and there was an attempt at a fire in the rickety old stove, but there was hardly an inch that was not littered up with tools and bits of bicycles and junk of every description. While I was wondering what I could do, the son came in, a dull-looking boy about twenty-one. He looked crushed and starved and mentally lacking, as I found out later that he was. They had moved to this cellar about ten days previously, as they were unable to pay the rent of their last "home" and before they had unpacked and settled, the old mother had become ill. There was no money for a doctor, she would not go to the hospital, would not eat and would only sit half-dressed as she was, over the fire in abject misery. He could get no employment and had almost no money, so they had existed in this way day after day waiting for something to turn up. As gently as I could I tried to persuade her to go to a hospital, but she became so excited that we had to promise that she should remain where she was. I pressed the son into service and we did a good afternoon's work, I consider. We built up a good fire, cleared a space in the floor and put up the bed and while I put the old woman to bed, the boy carried most of the junk into the room that his mother had occupied and so made it possible to move about. I found among the mass of rubbish some beautiful hem-stitched linen sheets and many other pathetic reminders of better days, which I used now to make her a little comfortable. After giving her a very inadequate bath and combing and plaiting her hair, I went back to the hospital for a hot water bag and warm nightdress and some sick-room necessaries. I instructed the son to let the missionary know that his mother would have to be nursed at home, and would need nourishing food, other than the milk and eggs which we were able to provide, and when I saw the missionary I asked her to get a woman from that splendid society, the Society for Improving the Condition of the Poor (commonly known as the S. I. C. P.) to wash and scrub, for I had no time to do anything more than the nursing except to take off the surface layer of dust and make the room a little orderly and attractive. When we had all finished we were extremely proud of the result, for with a clean floor and windows, well-blackened stove and curtained shelves, and gay covered table and neat bed, but above all with a clean and tidy little old woman in the bed, no one would have recognized the tenth-rate junk shop that it had looked before, or the witch-like creature who had been the presiding genius.

For the first few days the poor old woman lay dazed and unheeding, hardly eating, but drinking quantities of hot milk flavored with coffee, but by the fourth day she was taking a keen interest in everything and lay with

her beady black eyes taking in our every movement and with her shrill voice now scolding Louis, now directing or admonishing me, and if the truth be told, finding endless fault with both of us! She rallied for some time but quite suddenly sank and died about three weeks after we had found her. She must have had heart disease for a long time but her condition was undoubtedly aggravated by semi-starvation, cold, neglect and bad air. Poor old creature, how she fought against fresh air! That was her only real grievance against me, that I would air her room when she hated fresh air like poison and shivered at every soft May breeze that crept in!

Very often must the parable of Dives and Lazarus be brought home to us, but seldom in such a vivid way as in the case of old Maria, for not only did the Dives in this case know of the beggar at his gates, but knew also that Lazarus was of his, or rather her own flesh and blood. It turned out that the story told by both mother and son and rather discounted by the missionary and me, of the rich sister who refused them any assistance, was quite true. The day after my patient's death, I found the sister in charge of affairs, stout, bustling and positively oozing prosperity, arranging the details of a fine funeral! I wondered that the son did not cast her out, but he seemed absolutely full of a melancholy pleasure over the prospect of escaping the ignominy of a pauper funeral.

With what utter disgust did I look from the half-starved woman in her handsome coffin, to the well-fed, heartless creature who had so neglected her own sister in life and who was come now to see what capital she could make out of her death! For I knew that the half-witted son was no match for this wretched woman. There was nothing to be done and less to be said, so I left the room glad that poor old Maria was well out of a world that had held little for her, at the last, at any rate.

The afternoon was taken up with visits to several discharged hospital patients whose dressings were done by the visiting nurses, and by short visits to some of our "feeding cases" to see how much the mothers had remembered of what had been taught and explained to them and how the babies were getting along. To illustrate how difficult it is to really impress the mothers with the principles of cleanliness and hygiene, the following is a good case: The nurse who had preceded me on the Upper East Side had commended to my special care a baby who had been failing for some time and whose case bothered the dispensary doctors as well as herself, a great deal. The parents were well-to-do, fairly healthy, lived in a first-class tenement, light and airy, and the mother, who was devoted to the baby, seemed to grasp all that was told her and act upon it, and yet the child failed steadily. I watched her prepare the feedings, which were apparently what the child needed, saw that she really did keep everything beautifully clean and aseptic, found that the baby was properly clothed and had abundance of fresh air, and in fact could not find anything that could account for the fact that the child hardly ever retained a meal and that it failed steadily. Whether what I subsequently did find out was the cause or not, I cannot tell, but it was enough to make us wonder what other barbarous practices the mother indulged in. I had happened to go early one morning while the baby was

having its bath, so stayed to watch proceedings. There was a rather doubtful towel spread in the bottom of the tub and various bits of cotton floating about in the very soapy water, and the baby was vigorously lathered and rubbed with any stray bit of cotton that happened to be on top. I wasn't pleased with the look of the water, which looked as though the older children had had first dip, and was about to remonstrate when I was frozen with horror to see the mother seize one of the rags and vigorously scrub out the baby's mouth with it. She was amazed that I did not approve, and in defence explained that she had always treated all her children that way and that they had all thrived, and indeed she was positively injured because I did not commend her for being so unusually careful as to wash the children's mouths out at all! The poor little baby died shortly afterwards and I am convinced that the mother considers our choice of food responsible for its death.

It seems to me that there is nothing in the nursing profession which so well repays a woman for her work in abundance of interest and possibility of service to others and broadening and deepening her own life as the daily work among the poor and miserable in the crowded streets of the great cities, and more and more I believe will women find their true vocation in the branch of nursing known as visiting nursing.

A. E. B.

OUTPOSTS OF EMPIRE.

Under the above words, *The Standard of Empire,* prints week by week one column. It is always worth reading, and comes from anywhere in the world. Recently it was signed with the magic name, "Wilfrid Grenfell," and the sub-heading was "Hospital Work and Other Matters."

"With regard to the hospital work, the unexpected has, as usual, happened, and successive mail boats have brought so many patients that their proper accommodation in the old buildings has become impossible. The St. Anthony Clinic, under the care of Dr. Mason Little, of Boston and Harvard University, attracts patients regularly from as far as even the chief town, St. John's, where exists the only other hospital on the island. The result has been that this hospital needs immediate enlargement, as was the case at Battle Hospital last year, where Dr. Grieve, of Edinburgh, presides. It has been shown also that our steady cold and bright sunshine, redoubled by reflection from a universal snow surface, enables us in winter to deal effectively with our tuberculosis troubles, and this has created a demand, even through our long winters, for more accommodation than at present we are able to give. The installation of electricity by a volunteer from the famous Pratt Institute of New York has also enabled the hospital to do more accurate and effective work, with the inevitable result of more calls made upon it.

It may be as well to answer here a question asked awhile ago in your columns: Why do we not endeavor to transport our people to the middle latitudes? The reason is we do not think that a desirable policy—and this is our opinion after many years' work on the coast. Exactly why we have come to that conclusion is best appreciated by those who come down to visit

us. We believe that the country is capable of great development. Capable of maintaining under proper conditions a very desirable population, capable of contributing regularly to the human race, a factor that we with the Viking strain in our blood can, better than most men, appreciate. The life develops hardness, resourcefulness, simplicity of life. There is no overcrowding in sweating shops, no monotony of factory existence, no nervous bankruptcy from the over-complexity of other places. If stress were laid on the numbers of charities needed in all great centres of population, and on the lives of the countless numbers submerged by the temptations to the weak, and by competition with the more clever, some at least of the reasons for our optimistic views regarding the possibilities and desirabilities of our northern life would be immediately apparent. There is some compensatory provision in every case, and Labrador is a better country than many now endeavoring to share the carrying of the human race.

Some Labrador Notes

During our recent northern trip, we visited the co-operative stores at four stations. Two of these are new. The co-operative movement is now spreading with considerable rapidity. One new store has enlisted nearly every family round, and, though the capital in cash was small, there were 1200 quintals of fish between the members ready for shipment as their first co-operative cargo. The other stores were all doing well.

In some respects the trip had been the most enjoyable that I have had for many a long day. Our absolute dependence on the affection and hospitality of our people, the longer time we felt justified in delaying our small boat at each place, the more constant call on our capacities to act quickly and wisely, and the sensation of being ten years younger, all made us taste again some of the sweetest things life offers. We had during our trip nearly brought to a finish the new little nurse's house and station at Forteau, Labrador, a place which is central for many people, and at which we learned the great value of a trained nurse, when a plucky volunteer from the staff of the Johns Hopkins Hospital nurses came and put in some months there two years ago.

The money for the enterprise had been given in an odd way by an old soldier of the Civil War, the labor was given by the people themselves, and the land, wharf, etc., by a splendid white-haired old fisherman, who, receiving a paralytic stroke in the woods some years ago, lay on the snow till he was found and brought home owing to his dogs returning without him, and who has lain flat on his back ever since. The United States soldier had received a wound at Gettysburg, and when invalided had embarked on a banking vessel and gone to Labrador to recruit his health—as we seriously invite all our readers to do also. His crew had Southern leanings, and, getting a chance when he was ashore one day, gave him the slip and left him marooned. He had many miles to travel and climb, brooks to swim, and bays to go round, and was a long while before, at Red Bay, he found his ship again, undergoing repairs after an injury. The kindness and generosity of the poor folk on the journey, given necessarily without pay and under strange circumstances to

an apparently wandering lunatic, made him anxious in some way to try and repay his debt. It is being done in this way, and from the little house will radiate, we hope, for years to come acts of loving kindness that will discharge the soldier's obligation with compound interest for long delay.

While rowing around an untrodden bay one evening after sundown we were surprised to hear barking, as of some kennel, and, paddling in the direction, landed to see where the sounds came from. Before landing we descried a fox sitting upon a stone, barking at us, with half a dozen smaller foxes round. To our intense astonishment, when we landed from the boat, she actually ran down to meet us, and retired slowly only as we walked up the beach, barking as she went, till she retired in a mass of burrows through a sand hill, out of the countless holes in which the whole family barked defiance at us into the stillness of a calm night. We saw on a schooner the other day four beautiful young silver foxes, which some fishermen had dug out of a burrow in an off-lying island. I should dearly have loved to have purchased them for our farm, but, with all this long sea voyage before us, we could not venture on the sum they will bring their captors if they are successful in bringing them to maturity, which they thought they would be able to do."

WILFRID GRENFELL.

TRAINED NURSING IN CANADA.*

Allow me to express the sincere and heartfelt pleasure I experience on this occasion in being privileged to look into the faces of so many of my fellow-workers.

I trust we may all receive, retain and reflect the inspiration which is ever present, where those engaged in work of a beneficent character meet to confer on subjects of kindred interest.

In presenting a brief historical sketch of modern or trained nursing in Canada, we recall with great satisfaction and pleasure that from the mother country has emanated not only the trained nurse, but the district nurse, the school nurse, and the settlement nurse as well; the former beginning her beneficent work in England shortly after the close of the Crimean War.

Although training schools for nurses were not organized in Canada in connection with any of our large hospitals until the eighties, nevertheless, a small school attached to a hospital of twenty-five beds, consisting of a matron, three English trained nurses and two or three probationers, was organized in the town of St. Catharines, Ontario, in the year 1874, concurrently with the earlier training schools in the United States. This school has continued to do good work during the thirty-five years that have since elapsed, and at the present time has an alumnae of one hundred and six nurses.

In the early eighties, a training school for nurses was organized in connection with the largest hospital in Canada, the Toronto General Hospital, Toronto, Ontario; following this, at intervals of two, three and four years,

* Presented at the Health Section, International Council of Women, Toronto, June, 1909. The substance of this paper was also presented by Miss Snively before the International Council of Nurses, London, England, July, 1909.

schools for nurses were organized in the Maritime Provinces, in St. John, N.B., and in Halifax, N.S., also in Kingston, London and Winnipeg, Manitoba, these schools extending over an area of two thousand one hundred and seventy-four miles.

From these centres within the following decade, schools of varying size sprang up, carrying with them their train of blessing both eastward and westward, to many intervening towns and cities, extending during this period to our great commercial centres on the Pacific coast, Victoria and Vancouver, a distance of over three thousand miles from the Atlantic.

Although the number of nurse-training schools in Canada is few compared with that of more densely populated countries, nevertheless, as most of the superintendents of these schools have received their nursing education either in the larger hospitals in Canada or the United States, a large percentage are being conducted on modern lines. In the seventy schools carefully studied, prior to writing this report, ten adhere to the two years course, three to two and one-half years, and the remaining fifty-seven require a three years hospital service.

Thirty-six schools have a regularly systematized course of instruction, lectures and examinations, and twelve schools have introduced preliminary training. The hours of duty in these hospitals vary from eight to twelve hours, day and night, and only a very small proportion send nurses out for private duty.

Many of our larger schools have provided substantial money scholarships and prizes for competition in all classes, and teaching by demonstration, and bedside or clinical instruction obtains in most of our best schools.

Not to weary you with data, I may say further that the school-nurse has already begun her beneficent work in Canada, that the district nurse, together with the Victorian Order of Nurses organized by Lady Aberdeen and now carried on under the distinguished patronage of our vice-regal representatives, becomes more indispensable with each succeeding year.

Social relief work and tuberculosis work are actively carried on in our large cities. We have an army reserve corps, nurses' registries, nurses' clubs, a nursing journal, alumnae associations in connection with all our large schools, and provincial associations in many of our provinces. We have also a very promising Society of Superintendents of Training Schools for Nurses, and a very progressive Canadian National Association of Trained Nurses.

Regarding registration, I may say briefly that Canada has made three unsuccessful efforts to secure registration for her trained nurses, during the last effort being ably supported by the local Council of Women. She is not, however, discouraged, and is looking forward in the hope that the not-too-far distant future may bring this much desired good.

"The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage, that we move on to better things."

MARY AGNES SNIVELY,

President, Canadian National Association of Trained Nurses.

Harrington Hospital, Canadian Labrador, Canada.

Dear Miss Mackenzie,—Of all the thirty-one letters which Dr. Hare brought me from Natashquar, where he had been to get the letters which had been lying there for us since March, ice-bound, not one gave me as much pleasure as yours; it seemed almost impossible that my wish for a magic lantern and baby organ was to be at last fulfilled. It is so good of you to make my wants known, and I am looking forward with great pleasure to unpacking the lantern and seeing what kind of slides are with it. We expect the steamer to be here about the middle of the month. I have stopped all my classes now except the sewing and that I shall keep on with until the school closes for the summer. The cooking lessons—I gave twenty-four—were liked so much I have promised to take the young men next winter, to their great delight.

We have been having each Tuesday night for eight weeks, instructive meetings, very much enjoyed and appreciated by the people. We, that is to say Dr. and Mrs. Hare, the Rev. H. H. Corey, Mr. McDonald, the Presbyterian school teacher, Robt. Boblitt, an intelligent self-taught native of Harrington and myself formed what we grandly termed a Literary Society. Each night was devoted to one subject. One read a paper, and each of the others contributed something bearing on the question. Native talent contributed songs and we trained the children to sing, and to say dialogues. Our subjects have been: Longfellow; Effects of Alchohol, which we made a temperance night; Florence Nightingale, a hospital night; Elizabeth Fry, a prison night; How we got our Bible, a Bible night; Tennyson; the Early Days of Harrington, a Mission in China night. Next Tuesday I am going to show the men how to treat the drowned. I have shown the women and lads, but the men want to know, too. The Magic Lantern will help our Literary Society meetings very much indeed.

I have been very busy distributing the flower and vegetable seeds, sent to me so generously by known and unknown friends who had read of my wish to encourage the people to have gardens, that their dietary might be improved. I made and gave out 390 little envelopes, and have succeeded in

arousing great interest and enthusiasm. You would be amused if you could see my gardening tools: the furnace coal shovel for a spade, an old broom handle fastened into a piece of wood studded with nails for a rake, a tomato can with holes punched in it for a watering can, and the side of an old tin box hollowed into a scoop for a trowel, so if I get any good results, it will be in spite of, and not by the aid of, my implements.

I am sending this letter by the first schooner to return to Halifax. In the summer, we send away our letters by anybody, that is by any boat, leaving the coast, and as they go in a coat pocket, we have to trust to the wearer's memory for their being posted.

People have been very generous in answering our appeals and wishes for the various things that will help us to carry on the work here more effectually. Miss Allen interested the Aberdeen Society in furnishing us with books; the "Witness" worked for our launch; through you, we get a lantern and organ; friends, who have read our articles in the magazine, have sent me raffia and rattan for my basket making class, work materials for my sewing class, flower and vegetable seeds for my garden scheme, dried fruits for the impoverished people, and many other things of great value. There is one great thing that I am hoping some fairy with a magic wand will raise for us: a mission hall, in which we can have meetings of all kinds, Christmas entertainments, magic lantern exhibitions, night school, services, etc. The only room that we have at present is the patients' dining-room; the two schoolhouses hold fewer than the dining-room, and the churches of course we cannot use. It would cost about $600 and the building of it would be a great boon to the people, for it would give them employment after the fishing is done and when there is no other work that they can do. The furnishing would not be very elaborate, for it would consist of chairs, lamps, a stove and a platform.

I hope it is going to be a good fishing year for flour is very high—$7.50 per barrel the traders are charging for it. I am glad you find my letters interesting. As none of those to you have been written with a view to publication, they often contain little things, not intended for the public eye.

Hoping that you will have a pleasant summer, believe me to be,

Yours sincerely,

June 2, 1909. EDITH MAYOU.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The Rev. Canon Welch, of St. James Cathedral, Toronto, Chaplain of the St. Barnabas Guild of Nurses, Toronto Branch, sailed on Saturday, July 10th, from Quebec for England, where, as Vicar of Wakefield, his work now lies. Before sailing, he sent a final message to Canadians:

"The dwellers in the Dominion are addressing themselves with an energy of devotion and a singleness of purpose which are deserving of all praise to a task no less ambitious than that of making a nation. And in the accomplishment of that great purpose the matter which seems to me to be of supreme importance is the character of the religion of the nation that is to be. As Sir John Seeley has said, 'Religion is the great state-building principle.' The chief danger of Canada lies in the fact that the keenness of the pursuit of wealth is fostering in many directions a practical materialism which is tending to stifle the spiritual in many lives. The first duty of Canadians, as of all men, is not to win success at any cost and by any means, but to believe in God, to fear Him, and to love Him; and their second duty, which follows inevitably and depends upon the first as its only paramount sanction, is to do to all men as they would have others do to them, to be true and just in all their dealings, to be sober, temperate and chaste."

My Scallop Shell of Quiet

Give me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

In all Time of Sore Distress

GRANT unto us, Almighty God, in all time of sore distress, the comfort of the forgiveness of our sins. In time of darkness give us blessed hope, in time of sickness of body give us quiet courage; and when the heart is bowed down, and the soul is very heavy, and life is a burden and pleasure a weariness, and the sun is too bright and life too mirthful, then may that Spirit, the Spirit of the Comforter, come upon us, and after our darkness may there be the clear shining of the heavenly light; that so, being uplifted again by Thy mercy, we may pass on through this our mortal life with quiet courage, patient hope and unshaken trust, hoping through Thy loving kindness and tender mercy to be delivered from death into the large life of the eternal years. Hear us of Thy mercy, through Jesus Christ our Lord. Amen.

George Dawson.

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The Canadian Nurse

VOL. V. TORONTO, AUGUST, 1909 No. 8

Editorial

THE INTERNATIONAL COUNCIL OF NURSES.

By the time this issue of the "Canadian Nurse" is in the hands of our readers, the great event of the meeting of the International Council of Nurses will be over and not for five years more at least will such a notable gathering of nurses convene in the world. We have much pleasure in giving to our readers one of the papers presented, and others will appear as soon as they come to hand. One of the most important events to Canadian nurses was the laying of a maple leaf wreath upon the tomb of Her Late Majesty Queen Victoria by special permission of His Majesty, King Edward, granted to Canadian nurses. On this occasion, which took place on July 24th, Miss Snively said:

"By the most gracious permission of His Majesty, King Edward the Seventh, it is our exalted privilege this afternoon, reverently to stand beside the tomb of the greatest of English monarchs, Victoria, Queen of Great Britain and Empress of India. As loyal British subjects, we recall with pride and satisfaction the grandeur and power of her kingdom, and the wonderful wisdom and progress which characterized her reign over many races and peoples, but above all these, we delight to remember the womanly gentleness of her character, and that every effort for the alleviation of human suffering found a ready response in her sympathetic nature. These qualities have enthroned Queen Victoria in the hearts of her subjects, not only in England, but in her dominions across the sea.

"In the name, therefore, of the Canadian National Association of Trained Nurses, and as their representative, I most loyally and reverently place this tribute from the nurses of the Dominion of Canada on the tomb of our late, beloved sovereign, Queen Victoria."

Miss Breay.

Anyone who knows anything about associations, knows that a good society always has a good secretary, and it is with especial pleasure that we observe that one of our Canadian nurses had the honor of presenting a bouquet to Miss Breay in token of the gratitude of the society. Miss Snively, who made the presentation, spoke as follows:

"My Dear Miss Breay: On behalf of the International Council of Trained Nurses, it is my pleasant privilege to express to you our deep sense of obligation and gratitude for the service you have rendered this Society as its honorary secretary, during the long period of ten years. We remember with gratitude that your work and effort have always been directed toward the strengthening and solidifying of the bond which binds the several units of

our vast Society together; so that to-day, although widely separated geographically, we meet together as one loyal, pulsating whole. We beg, therefore, your acceptance of these flowers as a slight recognition, on our part, of the obligation you have conferred upon this world-wide association of trained nurses, and we pray you may long be spared to share with us in our endeavor to develop and expand the work of this vast organization."

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

We have the privilege of announcing, by request of the president, Miss Stanley, that the third annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in London, Ont., on September 1st and 2nd, 1909, at the Hygienic Institute, corner Ottway Avenue and Waterloo Street. The programme is as follows:

Wednesday, September 1st.—10 a.m.—Call to order; invocation, Rev. R. Whiting; address of welcome, His Worship the Mayor of London; address of welcome, Mr. S. Screaton, chairman Victoria Hospital Trust; address of welcome, Mrs. Boomer, president Local Council of Women; address of the president, Miss Margaret E. Stanley, Victoria Hospital, London; report of Council; minutes of preliminary meeting; report of treasurer; appointment of nominating committee. Papers—The Value of the Dietetian to the Training School, Miss Baird, Dietetian Victoria Hospital. Afternoon session, 2.30 p.m.—History of Victorian Order of Nurses, Miss McKenzie, Supt. Victorian Order, Ottawa; St. Barnabas and Other Leagues, Miss Young, General Hospital, Montreal. 4.30 p.m.—Afternoon tea, Ladies' Auxiliary, Victoria Hospital. 8.30 p.m.—Reception, Local Council of Women.

Thursday, September 2nd, 10 a.m.—How can we Combat the Commercial and Foster the True Nursing Spirit? Miss Chesley, St. Luke's Hospital, Ottawa; Nursing of the Nervous, Miss Rankin, London; report of Quinquennial Meeting, Miss Tedford, General Hospital, Montreal; report of Council; election of new members; report of auditors; report of nominating committee; election of officers; announcement of time and place of next meeting; introduction of president-elect; adjournment. 3 p.m.—Demonstration, Victoria Hospital. 4.30 p.m.—Reception, Trustees Victoria Hospital.

The following are the officers of the Society—President, Miss Margaret E. Stanley, Victoria Hospital, London; First Vice-President, Miss M. Agnes Snively, General Hospital, Toronto; Second Vice-President, Miss Lewis, Maternity Hospital, Montreal; Secretary, Miss Louise C. Brent, Hospital for Sick Children, Toronto; Treasurer, Miss M. Louise Meiklejohn, General Protestant Hospital, Ottawa; Councillors—Miss Livingston, General Hospital, Montreal; Miss McDonald, Victoria Hospital, Halifax; Miss Wilson, General Hospital, Winnipeg; Miss Craig, Western Hospital, Montreal; Miss Maloney, Jeffrey Hale Hospital, Quebec; Miss Greene, General Hospital, Belleville; Miss Scott, Grace Hospital, Toronto; Miss McKenzie, Victorian Order of Nurses, Ottawa. Auditors—Miss Sharp, General Hospital, Woodstock; Miss McColl, Maternity Hospital, Ottawa.

We are further requested to announce that a cordial invitation is extended to all Alumnae Associations to send delegates, and to notify the president as soon as possible of their acceptance of this invitation and of the names of the delegates. With such a fine programme and such excellent arrangements the meeting is an assured success.

THE NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

It is with the greatest pleasure and satisfaction that we officially announce the organization, under the happiest auspices, of the Nova Scotia Graduate Nurses' Association, and wish it all success, with many congratulations upon this, one of the most important events in the history of the nursing profession in Canada. We hope it will not be long before a similar association is established in every province of Canada and in Newfoundland. During May preliminary meetings were held at "Restholm," Halifax, for the purpose of organizing the Nova Scotia Graduate Nurses' Association.

Provisional officers were elected, viz.: President, Miss Pemberton, Supt. "Restholm," Halifax; First Vice-President, Miss Sheraton, Supt. Aberdeen Hospital, New Glasgow; Second Vice-President, Miss Elliott, Supt. Kentville Sanitarium, Kentville; Third Vice-President, Miss Sampson, Supt. Nurses N. S. Hospital, Dartmouth; Treasurer, Miss Deacon, V. O. N., Halifax; Secretary, Miss Kirke, Supt. Nurses, Victoria General Hospital, Halifax; and an executive committee of seven members to which more names will be added.

Twenty-one members have been enrolled and meetings are held at Restholm, 15 North Park Street, Halifax, on the third Tuesday of each month at 8 p.m. The annual meeting will be held in September.

The following are the objects of the Association and the conditions of membership:

Objects of Association—To afford protection to graduate nurses and assist in maintenance of their honor and status; to provide a club room for social assemblage and the discussion of subjects of mutual interest.

Conditions of membership—Candidates must be certified graduate nurses of a recognized hospital training school; each candidate must be proposed by a member of the executive and voted for by two nurse members; in addition to entrance fee, an annual subscription of one dollar will be collected. Candidates are requested to enclose entrance fee ($1.00) with application card. If ineligible the fee will be returned.

TO THE WEST.

The Editor and one of the members of the Editorial Board, Miss Lennox, have received the kindest and most cordial encouragement to carry out their plan to visit the Great West of Canada, and meet the members of the nursing profession. They hope to reach Winnipeg July 28th, Regina July 31st, Calgary August 2nd, Edmonton August 3rd, Banff August 5th, Vancouver August 7th and Victoria August 10th.

THE INTERNATIONAL COUNCIL OF WOMEN.

We have pleasure in presenting some of the excellent addresses given at this Congress. It was a matter of constant remark that the attendance of nurses in uniform was a pleasing feature of the meetings. The sight of them seemed to give universal satisfaction, and was another evidence of the high place held by the profession in Canada.

REGISTRATION IN GREAT BRITAIN.

Now that Lord Ampthill's bill has passed the House of Lords, way has been made for another step forward. An official conference has been held, presided over first by Lord Ampthill and then in his absence, by Mr. Munro Ferguson, M.P., at which the Society for the State Registration of Trained Nurses, the Royal British Nurses' Association, the Association for the Registration of Nurses in Scotland, and the Irish Nurses' Association were all represented by their most distinguished and influential members. The conference was over two hours in session, real progress was made, it was agreed that five representatives should be appointed by each of the four bodies present to form a committee, and the following resolutions were agreed to:

1. That this conference, representing the supporters of the three Bills for the Registration of Nurses, which are at present before Parliament, is unanimously of opinion that such legislation is urgently needed in the interests alike of trained nurses, of the medical profession and of the public.

2. That this Conference is of opinion that the State Registration of Nurses can only be based successfully upon the principle of a single portal system of admission to the Register for the whole of the United Kingdom, provided that the several parts of the United Kingdom be adequately represented, and that the principle of administrative decentralization be not necessarily excluded.

3. That this Conference is of opinion that under a single portal system nurses should be admitted to the Register only after—

(a) A three years' course of training, with a definite curriculum prescribed by a Central Nursing Council, conducted in recognized Hospital Nursing Schools.

(b) Having passed a uniform examination conducted by examiners appointed by, and under the supervision of the Central Nursing Council, at suitable centres throughout the United Kingdom.

4. That a committee be now appointed to consist of representatives of each section represented at this meeting, to draw up one bill embodying the above principles, which can be presented to Parliament with the unanimous support of the promoters of the present bills, and to consider which a further meeting of this Conference will be held.

It was agreed that five representatives should be nominated to form the committee by each of the four societies taking part in the Conference.

The Conference lasted over two hours, and the discussion was animated.

On the motion of Professor Glaister, a cordial vote of thanks was accorded to Lord Ampthill when he left the chair, and, on the motion of Mr. Cleland, to Mr. Munro Ferguson at the conclusion of the meeting.

DISTRICT NURSING IN GREAT BRITAIN.

The Liverpool correspondent of "The British Medical Journal" remarks that the recent Conference there "attracted much notice in Liverpool, where it was held. Liverpool was pitched upon as the place of meeting mainly because it would appear to have been agreed to regard Liverpool as the original birthplace of district nursing. It is true that work of much the same kind was undertaken by the Society of Sisters of Charity, established by Mrs. Fry in Devonshire Square, E.C., in 1840, and that within eight years later the St. John's Sisters were also at work. Nevertheless, it seems fair on the whole to regard the work initiated by Mr. William Rathbone in Liverpool just fifty years ago as the real inception of district nursing as now understood. The earlier organizations were of a semi-religious character, while that of Mr. William Rathbone merely aimed at placing at the service of the poor, women who had received some kind of definite training in nursing duties. Once started the idea rapidly spread, and corresponding enterprises were started in Manchester in 1862, in Salford in 1864, in Leicester in 1867, in Birmingham in 1870 and in Oxford in 1879. Meanwhile, progress had been made in London, where, in addition to the two original institutions, the East London Nursing Society came into existence in 1868, the Metropolitan and National Nursing Association in 1874, and Queen Victoria's Jubilee Institute for Nurses in 1887. The Congress was attended by the Princess Louise and the Duke of Argyll, the Countess of Aberdeen, Viscount Goschen, and delegates from the colonies and many foreign countries, and a message was received from the King and Queen Alexandra.

NURSING IN LABRADOR.

The work of Miss Mayou in Labrador is of great moment to that part of Canada and to all Canadians. Canadian nurses feel a great sympathy for it and feel also that they have a share in it, through Miss Mayou, who was one of the first founders and supporters of The Canadian Nurse, and takes a deep interest in all that concerns the profession. Six hundred dollars for a hall, and a few more dollars for a rake, a spade (that may be called a spade) and a watering-can must be found forthwith somewhere in Canada. We know our readers would like to help and as soon as we can communicate with the Chief Lady Superintendent, V. O. (now absent on a distant tour) we hope to have some announcement for our readers.

Editorial Notes

Canada.

Railroad Hygiene.—Nurses will be glad to learn that the Railway Commission of Canada has issued a sweeping order, requiring every railroad in the Dominion to enforce certain rules of cleanliness in their cars and stations. The Commission orders every railway company (1) to keep all its passenger stations, waiting rooms, closets, etc., clean, ventilated and regularly disinfected, and to have monthly reports from employes in charge of such work as to the state of these rooms; (2) to keep all its passenger cars clean, ventilated and in cold weather properly heated, and to have at least one employe on every train whose duty it will be to see that this is done; (3) to adopt a by-law prohibiting spitting in stations, waiting rooms, closets or other premises of the company or on the platforms of cars, except in receptacles suitable for the purpose, and providing a penalty for breach, such notices in Quebec to be in French as well as English; (4) to provide cuspidors in stations and in the smoking compartment of passenger cars and to have them cleaned at least every forty-eight hours; (5) to fumigate promptly all cars known or suspected to have carried a passenger suffering from an infectious disease; (6) to fumigate all sleeping cars regularly in service at least once in every thirty days.

A penalty not exceeding fifty dollars is provided for every infraction of the rules by the company, while every employe whose duty it is to carry out the order shall be liable to a penalty of not less than two dollars nor more than fifteen dollars for any failure to do so.

Australia.

Lady Dudley.—The wife of the Governor of New South Wales, Lady Dudley, whose name is so well known in nursing circles, officially opened the Nurses' Home of the Royal Alexandra Hospital for Children in Sydney. "I know," she said, "of the strenuousness, of the self-sacrifice, and of the devotion with which nurses' work is performed in England, and I suppose it is the same in New South Wales. Therefore I shall be glad to identify myself with everything pertaining to nurses and nursing. I realize what a respite and refreshment a home like this would be to nurses in their busy lives, and in declaring the home open will you allow me to say, as I do so, 'May God bless and preserve this home always, and its inmates.'"

A Visit to a Hospital.—We are indebted to one of our subscribers in British Columbia for a charming account by "Free Lance" of a visit to a hospital in Australia, published in an Australian paper. The visitor is sensible, sympathetic and keen in her observations.

Ireland.

The Dufferin Hospital for Children.—In Dublin, early last month, Lady Hermione Blackwood opened the new Children's Hospital, erected by the Belfast Board of Guardians, and named it, by request, after her father, the Marquis of Dufferin and Ava. No memorial could be needed to Lord Dufferin but it is a satisfaction and happiness to say his name again and see it often.

Official Department

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Canadian National Association of Trained Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Brockville Graduate Nurses' Association.
The Collingwood G. and M. Hospital Alumnae Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnae Association.
The Galt General Hospital Alumnae Association.
The Guelph General Hospital Alumnae Association.
The London Victoria Hospital Alumnae Association.
The Kingston General Hospital Alumnae Association.
The Montreal General Hospital Alumnae Association.
The Montreal Royal Victoria Hospital Alumnae Association.
The Ottawa Lady Stanley Institute Alumnae Association.
The St. Catharines General and Marine Hospital Alumnae Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnae Association.
The Toronto Grace Hospital Alumnae Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnae Association.
The Toronto Riverdale Isolation Hospital Alumnae Association.
The Toronto St. Michael's Hospital Alumnae Association.
The Toronto Western Hospital Alumnae Association.
The Winnipeg General Hospital Alumnae Association.
The Vancouver Graduate Nurses' Association.

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Registration—M. E. Christie, 19 Classic Ave.
Programme—Mrs. Feeney, 44 Willcocks St.
Social and Lookout—Miss Richardson, 551 Sherbourne St.
Press—S. Caroline Ross, 1 Selby St.
Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton. Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss W. E. Eardley, Miss M. Clayden.

Postings and Transfers.

Matrons.

Miss A. S. Bond, R.R.C., to Military Hospital, Colchester, from Military Hospital, Devonport.

Miss E. A. Dowse, R.R.C., to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Miss M. Wilson, to Military Hospital, Cork, on return from Malta.

Sisters.

Miss E. M. Pettle, to Royal Victoria Hospital, Netley, on return from Egypt.

Miss A. MacCormac, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Miss L. M. Moor, to Military Hospital, Potchefstroom, S.A., from Military Hospital, Bloemfontein.

Miss E. S. Mason, to Military Hospital, Pretoria, from Military Hospital, Bloemfontein.

Miss E. M. Fairchild, to Military Hospital, Wynberg, from Military Hospital, Bloemfontein.

Miss E. M. Denne, to Military Hospital, Bloemfontein, from Military Hospital, Harrismith.

Miss M. Walker, to Military Hospital, Bloemfontein, from Military Hospital, Pietermaritzburg.

Miss J. Murphy, to Military Hospital, Edinburgh, from Royal Infirmary, Dublin.

Staff Nurses.

Miss W. E. Eardley and Miss K. M. Burgess, to the Q. A. Military Hospital, Millbank, London, on appointment.

Miss M. M. A. McCreery, to Military Hospital, Pretoria, on arrival in South Africa.

Miss G. A. Howe, to Military Hospital, Potchefstroom, on arrival in South Africa.

Miss J. S. G. Gardner, to Military Hospital, Potchefstroom, on arrival in South Africa.

Miss M. C. Johnston, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss C. W. Jones, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss J. G. Dalton, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss M. D. Woodhouse, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss A. E. M. Steen, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss C. M. Hodson, to Cambridge Hospital, Aldershot, from the Q. A. Military Hospital, Millbank, London.

Miss M. German, to Military Hospital, Cairo, on arrival in Egypt.

Miss W. Halloran, to the Q. A. Military Hospital, Millbank, London, on appointment.

Miss J. A. M. Stuart, to Connaught Hospital, Aldershot, on appointment.

Appointments Confirmed.

Staff Nurses.—Miss L. E. Schneider.

Arrivals.—Miss E. A. Wilkinson, matron, from South Africa; Miss M. Wilson, matron, from Malta.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

The following are the names of the new members accepted at the last annual meeting: Miss Mary L. Anderson, Toronto Western Hospital; Miss Margaret Borthwick, General Hospital, Guelph; Miss Elizabeth M. Dodds, City Hospital, Hamilton; Miss Laura Gilmore, G. and M. Hospital, St. Catharines; Miss Lydia Good, G. and M. Hospital, St. Catharines; Miss Maude M. Isaac, Hospital for Sick Children, Toronto; Miss Margaret D. Kelman, G. and M. Hospital, St. Catharines; Miss Lucy C. J. McCuaig, Hospital for Sick Children, Toronto; Miss Edith C. Nisbet, Hospital for Sick Children, Toronto; Miss Julia O'Connor, St. Michael's Hospital, Toronto; Miss Jessie Wallace, G. and M. Hospital, St. Catharines.

Miss Alice J. Scott and Miss Jewison have been appointed on the Editorial Board of the "Canadian Nurse" as representatives of the G. N. A. O.

THE CANADIAN PERMANENT ARMY MEDICAL SERVICE, NURSING BRANCH

General Order 56.

Army Medical Corps.—Nursing Sister Miss Laura E. Eaton is retired on appointment to the Permanent Force. 1st May, 1909.

SPECIAL NOTICE.

Please notify Miss Mary Gray, 505 Sherbourne Street, Toronto, of any change of address.

Nurses in arrears to the G. N. A. O. will please also send fees to the treasurer, Miss Mary Gray, 505 Sherbourne Street, Toronto.

Hospitals and Nurses

Miss Mitchell, president E. A. G. N., left on July 6th to spend her vacation at the coast.

Miss M. H. Pepper, graduate of Sherbrooke Protestant Hospital, 1908, has taken up private nursing in Edmonton, Alta.

Miss Sargent, assistant superintendent City Hospital, Edmonton, has gone east to spend her vacation at her home.

Miss Annie T. Brandon, private nurse, of London, Ont., is now in charge of the nursing department of the Indian School, Brandon, Man.

Miss Adele Millichamp, a graduate of the Morden Hospital, has accepted the position of head nurse in the Neepawa General Hospital.

Miss Sara Brick (T. G. H.) left on July 8th for California, Seattle, Vancouver and Victoria and will later on visit friends in Saskatchewan.

The engagement is announced of Miss Pearl Chambers, daughter of the Rev. Dr. Chambers, Toronto, to Mr. A. A. Stirling, of Saskatchewan.

We have received a copy of the Forty-Second Annual Report of the Lakeside Hospital, Cleveland, which is a volume in itself, with several fine illustrations.

Mrs. Staebler, superintendent of Stratford Hospital, left Thursday, July 1st, en route for England, Ireland, Scotland and Italy and will be absent about seven weeks.

Mrs. T. C. Fraser, (nee Mary S. Mitchell, graduate W. C. Hospital, Jamestown, N.Y.) has opened a nurses' home at 1027 Robson Street, Vancouver, B. C.

Miss Grace A. Hodgson, superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C., will spend part of August and September at her home in Toronto.

A very pleasant evening was spent at the Nurses' Home, Stratford, on June 29th, when the nurses in training entertained their friends, chaperoned by Mr. and Mrs. Ireland, dancing being the chief amusement.

We greatly regret to announce the death of Miss Ida McNabb (T.G.H.), which took place at Lakeside Hospital, Chicago, on June 10th. Miss McNabb's death is a sad loss to her friends and to the profession.

Miss Randal (graduate R. V. H.), superintendent of the General Hospital, San Francisco, passed through Montreal on the way to California after several months spent in Europe. Her friends in the R. V. H. were very glad to see her again.

Miss Goodhue, assistant superintendent R. V. H., Montreal, accompanied by Miss Chandler (graduate R. V. H.), now of New York, sailed for England on the 16th of June. While there they will attend the International Nurses' Convention being held in London.

The following appointments have been made to the staff of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C.: Assistant superintendent—

Miss Agnes James, graduate of the Jewish Hospital, Cincinnati, Ohio. Staff nurses—Miss Mary L. Bovell, graduate Chester County Hospital, West Chester, Pa.; Miss Edith G. Brown and Miss Elizabeth Bertalette, graduates of George Washington Hospital, Washington, D.C.

Miss Anna A. Hawley, formerly superintendent of the Lady Minto Hospital, Minnedosa, Man., has been appointed to the staff of the Galt Hospital, Lethbridge, Alberta. This hospital, which has a very active service, is soon to be enlarged at a cost of $60,000. The work will be commenced at once.

Mrs. Donald McKay, wife of the president of the medical staff, General and Marine Hospital, Collingwood, recently gave a most enjoyable tea for the Alumnae Association and graduating class of the training school in connection with the hospital. A good many nurses from other hospitals were present, together with several members of the Board of Management. The guests had a very delightful time, enjoying to the full Mrs. McKay's kind hospitality.

It is with great regret that we announce the death of one of the graduates of St. Michael's Hospital, Toronto, Miss Sophia Mahoney, which occurred at Renfrew on July 5th. She was a daughter of Mr. and Mrs. James Mahoney of Atherley, Ont., and a niece of Mr. Richard Dissette of Toronto. She resided at the Nurses' Club, 9 Pembroke Street, and was engaged on a case in Renfrew when she took seriously ill. Miss Mahoney was a general favorite and her sister nurses greatly mourn her early and sudden death.

A very handsome brass memorial tablet mounted upon weathered oak has been placed in the entrance hall of the General and Marine Hospital, Collingwood. The tablet is in memory of the late Mrs. Stephen Lett and was presented by the Board of Management in grateful remembrance of Mrs. Lett's labors for and generosity to the hospital. Miss Leila McDonnell has also presented a framed portrait of her father, the late Mr. Chas. McDonnell (the first chairman of the Board of Trustees) to be hung in the board room of the same institution.

Work has been begun on the new buildings in connection with the Toronto Western Hospital, to cost in the neighborhood of $75,000. All the buildings will be absolutely fireproof and modern in every respect. The largest building is a pavilion 126 feet in length, with a verandah in addition of twelve feet. There is to be a basement flat, mostly above ground, and above this will be three storeys to accommodate 75 patients. Connecting this pavilion with the main building will be a corridor 150 feet in length, closed in with glass, which may be used as a sun room. The contract has also been let for a boiler house, which will be used as a central heat and steam producing place for the whole of the buildings to be erected, as well as those now on the ground. The contractors promise to have the new buildings roofed in by October.

The graduating exercises of the Training School for Nurses of the Vancouver General Hospital took place on June 24th, and were held on the lawn of the hospital. Dr. Burnett gave an eloquent address to the graduating class.

Mrs. Dr. Weld pinned on the medals and Dr. Pearson presented the diplomas. In the absence of the Doctor, Mrs. R. E. McKecknie presented to Miss Agnes Miller, the medal given each year for highest general proficiency, by Dr. R. E. McKecknie. The following is a list of the graduating class: Miss Frances Bond, High River, Alta.; Miss Mary L. Stone, Vancouver, B. C.; Miss Grace Hastie, Maple Creek, Alta.; Miss Ethel Ford, Duncans, B. C.; Mrs. Alice Sheppard, Vancouver, B.C.; Miss Hetty Baines, Vancouver, B.C.; Miss Ruth Asson, Canmore, Alta.; Miss Edna McVicar, Slocan, B.C.; Miss Agnes Miller, Summerland, B. C.; Miss Janet Keeves, Mission, B.C.; Miss Mabel McTaggert, Hatzic, B.C.; Miss Lily M. White, Dawson, N.Y.

The annual graduating exercises in connection with the Neepawa (Manitoba) General Hospital were held on Thursday afternoon, June 10th, the ceremony taking place on the lawn. Promptly at 3.30 o'clock the graduating class, followed by the pupil nurses, marched from the hospital to the lawn where they were met by Dr. McRae, president of the Board of Directors, who gave a short, bright address to the assembly, after which he presented the diplomas. Mrs. Snider, the lady superintendent, then pinned the medal on each graduate. An informal reception followed, during which refreshments were served from a marquee, by the young ladies of the Girls' Auxiliary. The table was most artistic. A basket tied with pink and white satin ribbon (the school colors) filled with quantities of roses and carnations of the same color, formed the centre. From a smaller table with a pretty punch bowl garlanded with fragrant lilacs, Mrs. J. R. McRae dispensed lemonade. The graduating class this year are: Miss Jessie Ross, Strathclair; Miss Frances Staunton, Treherne; Miss Jessie Leitch, Oak Lake. These nurses passed their examinations most creditably and were the recipients of the warm congratulations of their friends that afternoon.

Even more than usual interest attached to the graduating exercises at the Toronto Hospital for Incurables on Thursday, June 17th, not only on account of the laying of the corner stone for the new wing and the nurses' home, but on account of the expected presence of the Countess of Aberdeen. Her Excellency was unfortunately unable to be present, but Sir James Whitney, Sir Mortimer and Lady Clark, and others lent their presence to what proved a most enjoyable and successful occasion. The following is the programme: Chairman's address, Sir Mortimer Clark; laying of corner stone of new wing, Sir James Whitney; president's address, Mr. Ambrose Kent; laying of corner stone of nurses' home, Lady Mortimer Clark; invocation, Rev. A. Logan Geggie; report of training school, Miss Forsyth, Lady Superintendent; address to graduating class and presentation of diplomas, the Countess of Aberdeen; presentation of medals and pins, by the donors. The names of the graduating class are: Miss Louise Barrow, Ingersoll, Ont.; Miss Irene Auborn Forde, Toronto, Ont.; Miss Margaret Esther Taylor, Speedside, Ont.; Miss Marianne Woodhouse, Stratford, Ont.; Miss Helen Dow Batty, Meaford, Ont.; Miss Euphemia McLellan Barr, Adamston, Ont.

The following is the preliminary programme for the eleventh annual conference of the American Hospital Association, to be held at the New

Willard Hotel, Washington, D.C., September 21, 22, 23 and 24, 1909. The Association will be called to order by the president at 10 a.m., Tuesday, September 21st, 1909, in the convention hall of the New Willard Hotel. After the address of welcome and the president's address the following papers and reports will be presented: 1.—"Hospitals from the Patient's Point of View," Dr. W. Gilman Thompson, New York City. 2.—"The General Hospital and the Orthopedic Patient," Dr. A. R. Shands, Washington, D. C. 3.—"The Hospital and the Patient of Moderate Means," Dr. Frederick Brush, Supt., N. Y. Post Graduate Medical School and Hospital, N. Y. City. 4.—"The Hospital and the Public," Mr. Del. T. Sutton, Editor International Hospital Record, Detroit, Mich. 5.—"Education and Law for Nurses," Dr. R. M. Phelps, Asst. Supt. Rochester State Hospital, Rochester, Minn. 6.—"A Cost System for Hospitals," Dr. Thos. Howell, Supt., New York Hospital, New York City. 7.—"State and City Appropriations for Voluntary Hospitals," Dr. S. S. Goldwater, Supt., Mt. Sinai Hospital, New York City. 8.—"Suggestions in Connection with Hospital Construction," Dr. R. W. Corwin, Minnequa Hospital, Pueblo, Colo. 9.—"Relation between the Architect and the Doctor in Planning a Hospital," Dr. Chas. P. Emerson, Supt., Clifton Springs Sanatorium, Clifton Springs, N.Y. 10.—"Some Mexican Hospitals," Bertrand E. Taylor, Esq., Boston, Mass. 11.—The report of the Special Committee on the Training of Nurses—Dr. John M. Peters, chairman; Dr. Henry M. Hurd, Dr. F. A. Washburn, Dr. J. N. E. Brown, Miss Charlotte A. Aikens, Miss Mary L. Keith, Miss Mary Riddle, Dr. W. L. Babcock, secretary. 12.—Report of Committee on the Development of the Association, Dr. John A. Hornsby, Supt., Michael Reese Hospital, Chicago, Ill. 13.—Report of Committee on Hospital Efficiency, Hospital Finance, and Economics of Administration, Dr. R. R. Ross, Supt., Buffalo General Hospital, Buffalo, N.Y. 14.—Report of Committee on Hospital Construction, Dr. H. B. Howard, Supt., Peter Brigham Hospital, Boston, Mass. 15.—Report of Committee on Medical Organization, Medical Education and Hospital Progress, Dr. Rupert Norton, Johns Hopkins Hospital, Baltimore, Md. 16.—Report of Committee on Out Patient Work, Miss Maud Banfield, Supt., Polyclinic Hospital, Philadelphia, Pa. 17.—Report of Committee on Uniform Accounting, Rev. Geo. F. Clover, Supt., St. Luke's Hospital, New York City. 18.—Exhibition of Charts and Printed Forms from General Hospitals and Other Institutions, Miss Emma A. Anderson, Supt., New England Baptist Hospital, Boston, Mass. Question Box Session. The report of the Special Training School Committee, which will be presented at this conference, is the culmination of a year's hard work on the part of its members. The report will recommend curricula apparently suited to the needs of the different classes of hospitals and make various other recommendations of importance to training schools. This report is now in the hands of the printers and will be distributed by mail to the members of the Association, about two weeks prior to the Washington meeting. It was decided to distribute this report to the members of the Association prior to the meeting, in order to enable the membership to familiarize itself with the recommendations of the committee and be prepared to adopt or reject same at the convention.

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The Montreal Witness gives a full acount of the last meeting of the Canadian Nurses' Association, which was held in the Medico-Chirurgical Society's rooms, 112 Mansfield Street, where interesting addresses were delivered on "Women's Suffrage" and "Affiliation with the National Council of Women." Miss Baikie, president of the Canadian Nurses' Association, of Montreal, presided. Miss Hurlbatt, in her address on the extension of the franchise to women, dealt with the numerous arguments used by opponents of the movement. A very significant fact was that in the early days of the agitation one heard the term "women's rights" used a great deal, but it had now practically fallen out of use. The movement was not a selfish movement at all, that could be indicated by the term "rights." It was a movement which aimed at securing for women that freedom and liberty in the government which they were denied. They only asked for a share of the work in developing the human race in all the greatness of which it was capable. Dealing with married women's suffrage, Miss Hurlbatt said there might be often a great difference of opinion between husband and wife on political questions, but would not the fact of the woman having the vote tend to settle the difference? The opposite argument seemed incredible. It was incredible because woman would not be silent (laughter), and if she would not be silent it was better for her to speak with knowledge. The speaker then referred to the advance of western civilisation, the economic independence achieved by women and the great growth of cities, and how these three changes affected the question. There was an enormous number of women earning their own livelihood, and the power of a vote must benefit them economically by some improvement in their social and political status. She did not believe in the argument that when questions affecting women were being grappled with, it was sufficient to call women into conference. Surely that was only confining sympathies to certain points, and was not allowing them to be in their natural, sensible place, in helping to solve questions affecting humanity—men, women and children, as a whole. Miss McIntosh cited, as showing the necessity of women having a voice in the government, the fact that a bill was about being passed which made it possible for the husband to sell his homestead without the consent of the wife, who had endured as much and worked as hard in getting their home. It meant that women had to watch very carefully the doings in the Legislature, and then, if they wanted to object, they had to go through a very tedious process of getting the ear of the parties interested. Miss Derick also spoke on the question, and later explained the organization and methods of the National Council, and invited the Nurses' Association to affiliate with the Council. At the conclusion of the meeting a vote was taken when those present declared themselves in favor of the extension of the franchise, by a large majority.

The Collingwood General and Marine Hospital held the usual graduating exercises on the evening of June 23rd, and the town surpassed itself in the interest and enthusiasm shown in the proceedings. The Collingwood *Bulletin* devotes no less than four columns to an interesting account of the proceedings.

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Kindly mention THE CANADIAN NURSE when writing or speaking to advertisers.

The graduates were: Misses Edith Mabel Silverthorn, Stayner; Ethel Laura Bruce, Collingwood; Lucinda Victoria Rainey, Thornton; and Mary Helen McCulloch, of Guthrie.

Mr. H. Y. Telfer, president of the Board of Trustees, presided. The hospital, he said, is now in the twenty-second year of its history and during that period thirty-one nurses trained therein have received their diplomas of efficiency. It is a source of great pride to all to know that the nurses who have received diplomas from this hospital have in every instance acquitted themselves creditably to their profession and to the hospital in which they received their training, and he felt confident that the four young ladies about to receive their diplomas would not be any exception to the rule.

Mr. Telfer referred to the presence of Dr. Bruce Smith, Provincial Inspector, and paid a fitting tribute to the late Dr. Stephen, who, he said, "was at all times an energetic member of the medical staff and always greatly interested in any movement relating to hospital work."

Miss Morton, the lady superintendent, presented her report, stating that taking into consideration the size of the school, a great many applications for admission have been received during the year. Six probationers have entered the school, and have been enrolled as pupil nurses, to take the place of the six graduates of last year's class. The present staff consists of the superintendent and ten pupil nurses. These latter do all the nursing in the hospital, no graduate nurses being employed except in rare instances, such as the typhoid epidemic of last autumn, when we were obliged to retain three of last year's graduates for a month longer than their term of service.

There were 8,121 days of nursing, so that you will admit, with a staff of ten we were kept fairly busy.

In addition to the practical instruction and experience the nurses are receiving daily and hourly in the wards, classes and demonstrations have been held by the superintendent from October until June, with examinations for both junior and senior classes at stated intervals.

Early in the year the Board of Management made arrangements with Miss Annie Moore, one of our own graduates and also a graduate of the Philadelphia Orthopedic Institute, to give a course of lessons in massage and hydrotherapy. This course has filled a long-felt need, as so many patients, not only in the hospital, but in private practice, undergo a course of massage treatment, and it behooves the graduate nurse to be capable of filling all requirements intelligently and scientifically.

The staff doctors have been kindness itself in every particular in their relations to the training school, while the clergy and many kind friends have always been ready to give encouragement and help when needed, and have provided necessary recreation, such as pleasant afternoon teas and many informal gatherings, which have been, and will remain, bright spots in the nurse's recollections of her hospital days.

With the class presented to you to-night, the graduates of this school now number thirty-one. Of these several are married, one, Miss Redmond, has accepted during the past year the post of assistant superintendent in Stratford General Hospital, while Miss Lord has been appointed head

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operating-room nurse in the Philadelphia Onocological Hospital. Some are doing private nursing in Toronto, others in Chicago, but a goodly number still remain in Collingwood and vicinity, pursuing their vocation, and maintaining a very helpful Alumnae Association.

Miss Silverthorn, gold medalist of the class, read an interesting address.

Dr. Connolly, president of the Medical Board, addressed the graduating class.

Mrs. Bassett, president of the Lady Managers, presented the young ladies with their diplomas, and Miss Morton pinned on them the pretty class pins. Mrs. W. Williams for the Medical Board bestowed upon each young lady a handsome bouquet of dark colored carnations and Miss Moore on behalf of the Alumnae Association gave their superintendent an Alumnae pin.

Dr. McFaul presented Miss Silverthorn with the gold medal for general proficiency and Miss Carr on behalf of the Alumnae presented Miss Rainey with an Alumnae pin as a prize for her essay, "Nursing Ethics from the Pupil Nurse's Standpoint."

Mrs. Meacham on behalf of the Board of Management presented the school medals and Mrs. W. Williams bore testimony of the Board's appreciation of Miss Morton by presenting her with a bouquet of carnations.

Music was contributed by Mrs. Keltie, Mrs. J. Morris, Miss Bruce and Mr. S. W. Mathews, all of whom added to the pleasure of the evening.

Dr. Bruce Smith made a brief address, in which he referred eulogistically to the work of this hospital. Its management, its equipment and its superintendence by Miss Morton were highly satisfactory and in no hospital in the province did he think greater progress was being made or better work done. He congratulated the people of Collingwood on having in their midst such an institution and said he was especially pleased to find among the people of the town such a strong, warm, sympathetic feeling towards the hospital as manifested by the large number of ladies and gentlemen present.

At the close of the address refreshments were served and thus was brought to a close a very enjoyable evening.

On May 28th the Orillia Hospital was one year old. This latest institution in the town had exceeded even the most hopeful expectations, so the Ladies' Auxiliary decided they must in some way mark this one year of success. An invitation was issued through the press to those interested to come that afternoon to the hospital. Mrs. Bacon, the president of the Auxiliary, and Miss Johnston, the superintendent of the hospital, received in the entrance hall. Some of the nurses were at liberty, and in their pretty blue and white uniforms were ready to escort the visitors softly past the sick-rooms for a peep into perfectly-kept kitchen, laundry, operating room, and even into an occasional ward with its cool green walls and white paint. Afternoon tea was served in the nurses' sitting-room. A pleasant two hours was spent, and Miss Johnston heard many delightful things said of the spotless condition of her pretty hospital. Frequently was the remark heard: "How did we get along without a hospital?" And indeed it has grown difficult to imagine how we ever did do without this well-managed, well-equipped comfort for our sick.

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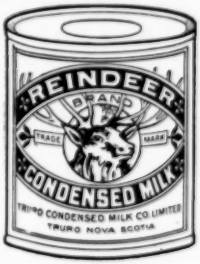

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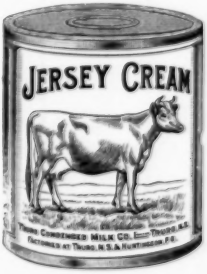

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The annual dinner given by the Alumnae Association of the R. V. H. to the graduating class of '09 took place on the evening of March 30th, when sixty-six graduates, new and old, were present. The long table was very prettily decorated with pale pink tulips and asparagus fern. After the dinner, toasts to "The King," "The Governors," "The Doctors," and "Our Guests" were proposed, after which an adjournment was made to the reception room of the Nurses' Home, where a pleasant informal hour was spent. The graduating class is the largest in the history of the hospital, numbering twenty-five.

(Note.—In some inexplicable way this important and interesting item and the two following ones were mislaid in the office. It is a matter of great regret to us that such a mistake occurred.—Ed.)

The graduating exercises of the R. V. H. Training School were held in the assembly room of the Nurses' Home on April 14th at 4.30 p.m., when twenty-five graduates were presented by Mrs. Vincent Meredith with their diplomas and badges. Dr. Peterson was in the chair and Dr. Adams gave an address. Many of the friends of the hospital and of the graduating nurses were present. After the formal proceedings, tea was served in the dining-room of the Nurses' Home.

On Thursday evening, April 22nd, the Alumnae Association of the R. V. H., with the Alumnae Association of the M. G. H as their guests, had the very great pleasure of listening to a lecture on his work by Dr. Grenfell of the Labrador Mission, illustrated by limelight views of the country, etc. The lecture was exceedingly interesting and afterwards refreshments were served in the nurses' reception room and a pleasant hour was spent together by the associations. The silver collection in aid of Dr. Grenfell's work amounted to fifty dollars.

BIRTHS.

Martindale.—At York, Ont., on Wednesday, May 26th, to Mr. and Mrs. C. J. Martindale, a son, Chester Arrell. Mrs. Martindale was Miss M. J. Arrell, graduate of V. H. S. C. class 1900.

MARRIAGES.

Ross-Leger.—In St. Martin's Church, Montreal, on May 12th, by the Rev. R. Hewton of Lachine, Lulu, daughter of O. Leger, Esq., (graduate R. V. H.) to Herbert Ross, M.D., of Montreal.

Goodfellow-Jones.—In St. John's Church, Montreal, on June 2nd, by the Rev. Arthur French, Caroline E. (graduate R. V. H.), daughter of J. Foster Jones, Esq., of Belleville, Ont., to George Goodfellow, Esq., of Montreal.

DEATHS.

McNabb.—At Lakeside Hospital, Chicago, Ill., on Thursday, June 10th, 1909, Ida J. McNabb, graduate nurse from Toronto General Hospital, and dearly beloved sister of R. J. McNabb, Division Court Clerk, Acton, Ont. Funeral from the family residence, Bower Avenue, Acton, on June 14th, at 3 o'clock, to Fairview Cemetery.

Kuhlum.—On July 5th, 1909, at Strathcona, Alta., Miss Isabella Kuhlum, graduate of Victoria Hospital, Vancouver.

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The Nurses' Library

The July number of "The Catholic Nurses' Magazine" contains a refreshing article on "The Idea and the Ideal of Modern Nursing." These are the opening sentences of the article: "Usually sights which remind us of suffering and distress affect us in an unpleasant manner, but there is a conspicuous exception to this rule. Somehow or other the sight of a nurse's cap and gown touches on a tender chord in our hearts. For while the sight of a nurse reminds us of sickness and sorrow, it also calls to mind much that is ennobling, most comforting and consoling in modern life."

"The Nurses' Journal of the Pacific Coast" presents its readers with a fine magazine for July. We hasten to congratulate the "Journal" on the registration victory. It is a victory due in no small measure to the magazine. Among the articles, two of the best are on "School Nurses" and "The Obligations of the Registered Nurse."

"Questions and Answers on Midwifery for Midwives," by A. B. Calder, M.B., M.R.C.S. London: Bailliere, Tindall & Cox. 1/6. Dr. Calder's work on "Midwifery for Midwives" is an admirable one, and admirably adapted for midwives in England who wish to obtain the certificate of the "C. M. B." The present is the third edition of a little book of questions and answers founded upon that book, which will give a midwife great assistance in her studies.

Messrs. Bailliere, Tindall & Cox, of London, England, have published an "Atlas of the Female Generative Organs and of Pregnancy," (3s.) with explanatory text by Dr. A. E. Giles.

"Accidents and Emergencies." C. W. Dulles, M.D. Philadelphia: P. Blakeston's Son & Co. Seventh edition. $1.00. This excellent book, which we recently reviewed, has been again revised and enlarged.

The fifth volume of the Gulick Hygiene Series is called "Control of Body and Mind," and is written by Frances Gulick Jewett. (Boston: Ginn & Co.) It is a reasonable, interesting and effective presentation of the leading facts in regard to the nervous system. Especially helpful are the hints in regard to habits of life and study. This series of text books on hygiene will certainly do good.

"Notes on Nursing." By Florence Nightingale, O.M. London: Harrison & Sons, 45 Pall Mall. Florence Nightingale, of the Order of Merit, who entered on her 90th year on the 11th of last May, is the author of a text book on nursing which has probably never been excelled. On reading it over again, one is impressed anew with the greatness of her grasp, the simplicity and nobility of her ideas, and the marvellous character of her insight into the things of which she speaks. On "Noise," on "Petty Management," and on "Observation of the Sick" are three chapters that might well be read every week by young nurses, and that will never lose their freshness and value.

"Just One Blue Bonnet." The Life Story of Ada Florence Kinton, Artist and Salvationist. Edited by her sister, Sara A. Randleson. $1.00. Toronto:

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William Briggs. "Vignettes of Muskoka," by Florence Kinton. Toronto: William Briggs. Miss Kinton, the daughter of a distinguished English scholar and literary man, was both an artist and a writer, having been in charge of art schools at Kingston and at Toronto. She joined the Salvation Army and helped them in all their work, especially as private secretary to Mrs. Herbert Booth. Unhappily, her health failed, and she died in 1905 at the home of her sister, Mrs. Randleson, in Huntsville, Muskoka. Her sister has edited her life, under the above title, and also a few of her poems under the title, "Vignettes of Muskoka," among which "My Night Nurse" (first published in "The Trained Nurse") is of special interest to nurses. The world lasts and life is great because of the self-sacrifice and true Christianity of people like this Salvation Army officer.

Nurses wishing to come west might apply for positions on the staff of the Tubercular Department of the Winnipeg General Hospital. Address Lady Superintendent, Winnipeg General Hospital, Winnipeg, Man.

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